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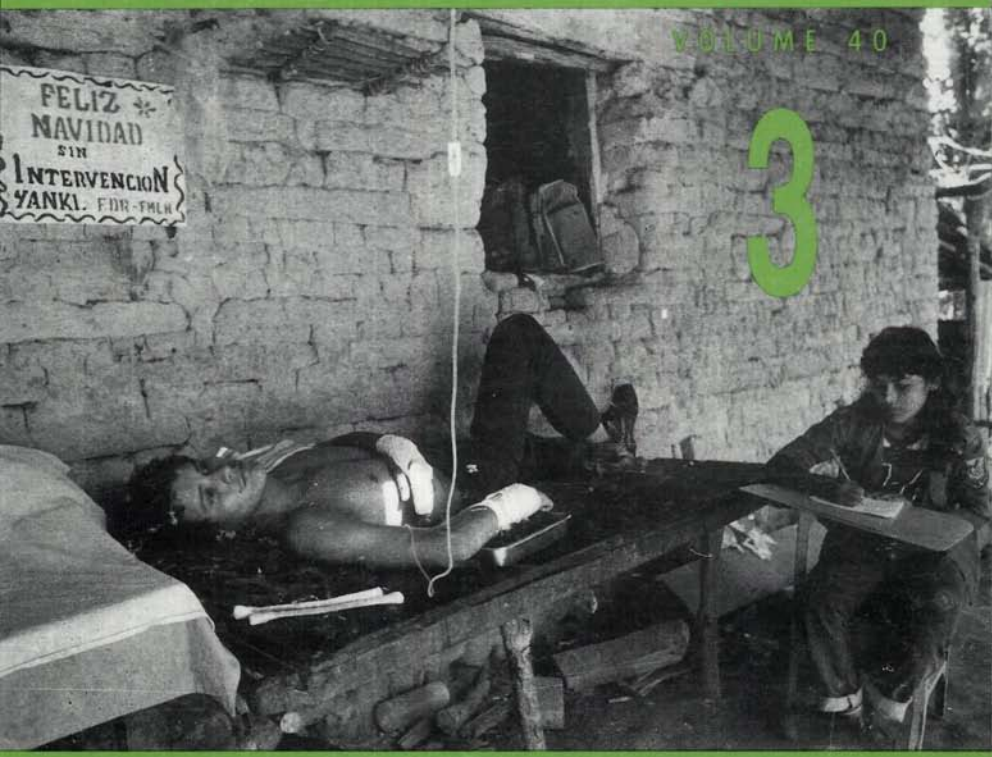

THE PEOPLE'S REMEDY:
Health Care in El Salvador's War of Liberation • by Francisco Metzi

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NOTES FROM THE EDITORS

Over the years, MR and MR Press have worked to shed light on revolutionary struggles and processes, especially in the third world. We have often devoted our double summer issue to analyses and accounts of liberation movements around the world: in 1967, we published Régis Debray's controversial *Revolution in the Revolution?;* in 1969, an essay on the Chinese Cultural Revolution by Victor Nee; in 1973, an anti-imperialist manifesto from the Philippines by Alejandro Lichauco; and in 1983, the testimony of Mario Payeras, a Guatemalan *guerrillero.*

This year's double summer issue continues this tradition with excerpts from an account of daily life in the revolutionary-controlled zones of El Salvador, written by Francisco Metzi, a European health care worker who was radicalized by his childhood experiences in Mozambique and decided, as a young adult, to join the Salvadoran guerrilla cause. MR Press will be publishing the full account in book form in October; this summer issue, we hope, will contribute to the diffusion of information about the important experiments in popular liberation taking place in the guerrilla zones.

* * *

Shoreham. Remember the name and internalize the lessons for which it can stand as a fitting symbol.

Shoreham is a small town on the northern shore of Long Island. It is also the site of a $5.3 billion nuclear white elephant—a power plant that took two decades to build, has been tested at five percent of its rated capacity, but will never be used for the commercial production of electricity. It is clear, and for many it has been clear from the beginning, that it should never have been built. It is too expensive and too dangerous. And now an agreement has been reached—negotiated by New York Governor Cuomo's office with the Long Island Lighting Company (LILCO), which is Shoreham's owner, and other parties at interest—providing for its abandonment.

Two questions arise: (1) Who is going to have to pay for this monumen-

(Continued on inside back cover)

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The People's Remedy

Health Care in El Salvador's War of Liberation

by Francisco Metzi

Translated by Jean Carroll
in collaboration with the author and Rhoda Mahler

Monthly Review Press

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The people might be ignorant about some things, but they have a wisdom learned from their own reality and experience, and they know exactly how, when, and why they have been deceived throughout history. Someone once said that this country of ours is so small. . . . Yes and no. It's not so small if you walk it, and only through walking it can you see where all those real inner possibilities lie. This is the perspective that they just don't have in the United States.

—Guillermo Manuel Ungo

To Freddy, Willy, Luisito
and all the rest for whom we wish we had known more
and had been able to do things better.

To Juan and Medardo
for the push in the right direction, and for
their examples.

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Introduction

For seven difficult years, war has been raging in El Salvador between successive military and right-wing civilian governments and the tenacious coalition of guerrilla and opposition political forces known as the FDR-FMLN. Since they took up arms in 1981, after years of violent and bloody repression of virtually all political opposition, the guerrillas have brought large portions of Salvadoran territory under their control. At the same time, they have engaged in remarkable efforts to unite armed combat against the government with day-to-day struggles to improve the lives of the inhabitants. Yet their accomplishments, as well as their setbacks, have been all but ignored by the mainstream U.S. press.

Nowhere has the guerrilla experiment been more successful than in the northern province of Chalatenango, where the FDR-FMLN opened its first front in 1981 and where guerrillas and civilians have worked closely to develop political, economic, medical, and educational structures. The account which follows, written by Francisco Metzi, a European internationalist and health care worker, provides a unique and moving view of life in the revolutionary-controlled zones of Chalatenango in the years 1982 to 1985, when the guerrillas consolidated their military position and made significant advances in working with the civilian population.

Metzi was born in Maputo, Mozambique, in 1958. When the independence struggle erupted there in the early 1970s, he and his family left to live in his mother's native Belgium. Trained in biology, he worked as a hospital orderly and nurse's aide, until his deep concern with popular movements in the third world led him to serve in the medical corps in guerrilla-controlled Chalatenango.

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There he spent three years working with the guerrillas to develop an effective and comprehensive health care network, tending to the medical needs of both injured combatants and the civilian population. In these memoirs, he illuminates the little-known process of popular war through his eyewitness account of such key events as the notorious 1984 Hualsinga River massacre—in which at least fifty civilians were brutally murdered by government troops, despite U.S. Assistant Secretary of State Elliott Abrams's subsequent insistence that no killings had occurred. As a participant in, as well as observer of, the ongoing war in El Salvador, Metzi offers unique insights into the difficulties facing Third World liberation movements, as well as the resourcefulness and determination that have enabled people in El Salvador and throughout the world to fight for freedom and justice against overwhelming odds.

Much has changed in the three years since the completion of Metzi's sojourn in Chalatenango, making guerrilla success an even greater challenge: some territory has been lost to the government, and sophisticated surveillance equipment provided to the Salvadoran army by the United States has forced the guerrillas to alter their strategy and form smaller, more dispersed units in order to avoid detection. But the war continues, and with it, the exemplary struggle on the part of the guerrillas and their supporters to build a more just and equitable society, replacing decades of brutal oligarchic and military control of the land and people of El Salvador.

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Prologue

In late 1985, after having spent three years in the revolutionary-controlled zones of El Salvador, I went to look up some old friends. Traveling around Europe, Latin America, the United States, and Canada, I talked with a lot of people who were interested in the Salvadoran people's struggle. I was surprised to find that while I was full of optimism and sure of the liberation movement's possibilities of triumph, my friends were disheartened and badly affected by disinformation.

At first, I found this terribly shocking and couldn't understand their attitudes. But as I thought about it more, I began to ask myself: what had changed in me to separate us so? When I left for El Salvador, we had seen things eye to eye.

I soon began to realize that I had a considerable advantage: I had totally immersed myself in the everyday life of the men and women who are fighting a people's war. I had learned that "to love the people" was not just stereotypical leftist jargon. While these people taught me how to love them, I began to understand what a real revolution could be, and above all, I discovered day after day that the will to triumph exacts a very high price.

But the struggle itself had given me strength and vision. It rid me of a good part of the idealist conceptions that inevitably lead to disappointment and defeatism. Making a revolution was nothing like I had dreamed. The flesh and blood experience had made me see things in a new light.

My purpose is not to write the memoirs of an internationalist. As faithfully as possible, I have simply attempted to describe the immense difficulties and the exhilarating successes, the bitter disappointments and the real growth processes of this people to whom I owe so much.

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My aim is that when you read in a FMLN-FDR communique about "our heroes and martyrs," you'll think of people like Freddy, Carlos, Juan, Lidia, and many others who are part of this testimony. When a wire service cable reports that "thirty-four civilians died during a vast army operation on suspected guerrilla hideouts," hopefully you will remember how we conserve our forces through strategic retreats that we call *guindas*. Furthermore, I've written so that you will more deeply understand the people's profound need for liberation through concrete images of life in communities like El Jocotillo, El Jicarito, and Tequeque, with their corn patches and their clinics.

I don't pretend to portray the Salvadoran people through images of extraordinary persons, but to show a collective struggle and the individuals engaged in it. I tell who we are and how we live in the midst of a people's war in El Salvador. My experiences provide the story line.

The war in El Salvador is fought on unequal grounds. We struggle to learn new skills while, at the same time, we scoff at the enemy's sophisticated technology. We began by using clubs for rifles and coconut milk for intravenous fluid. As we obtain medical supplies and requisition more weapons, we diminish the inequality. But even that would not be enough without creativity, sacrifice, on-going education, and above all, our will to win.

The people's war is a school for the society that emerges from it. Movement and change are continuous, not just in terms of geography, but also in form and structure. This book reflects firsthand experiences from 1983 through 1985; many of the problems described have since been overcome, or simply have changed. Such are the dynamics and the demands of the war.

The health struggle is prominent in my narrative since my work dealt with that area. I had relatively little training or experience in the field and so in this, too, the war was a school for me. I don't see medicine as a concern which is only of interest to professionals. Moreover, I understand health care as a window through which one can discover more concretely the

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multiple layers, old and new, of a society in the revolutionary-controlled zones, forming itself through numerous trials and errors.

Before going to El Salvador, I often reflected on what a revolutionary society could or should be; I asked myself about the relationship between justice and economic models, the role of the state, the contradictions between a strong party and grassroots participation. I was practically obsessed with keeping up on international events. In the war I didn't lose those interests, but the pressing need to resolve problems in the popular clinics, or the urgency of getting a seriously wounded patient out of the Front, was so strong that whole weeks would pass when I didn't even manage to listen to the news about our own struggle. My trench was the struggle for decent health care and in it I found my militancy.

That little something in all of us that is crazy drove me to a struggle and experience far different from the urbane lifestyle of the developed world that I had known. Now, as if that were not enough, I've undertaken writing a book in a language which is not my own. It was impossible for me to record my three years in El Salvador in any words other than those through which I experienced and internalized it. This has meant that Margarita, Flor, and Karla had to rack their brains not only to correct my Spanish and decipher my notes but often also to interpret them. As a result, the writing has suffered in terms of style, expressions and cohesiveness; nonetheless, I felt it worth the effort to feed back the story as I experienced it.

I hope that this book speaks to those who stand with the Salvadoran people, and that its testimony will strengthen their solidarity as it stimulates others to join in.

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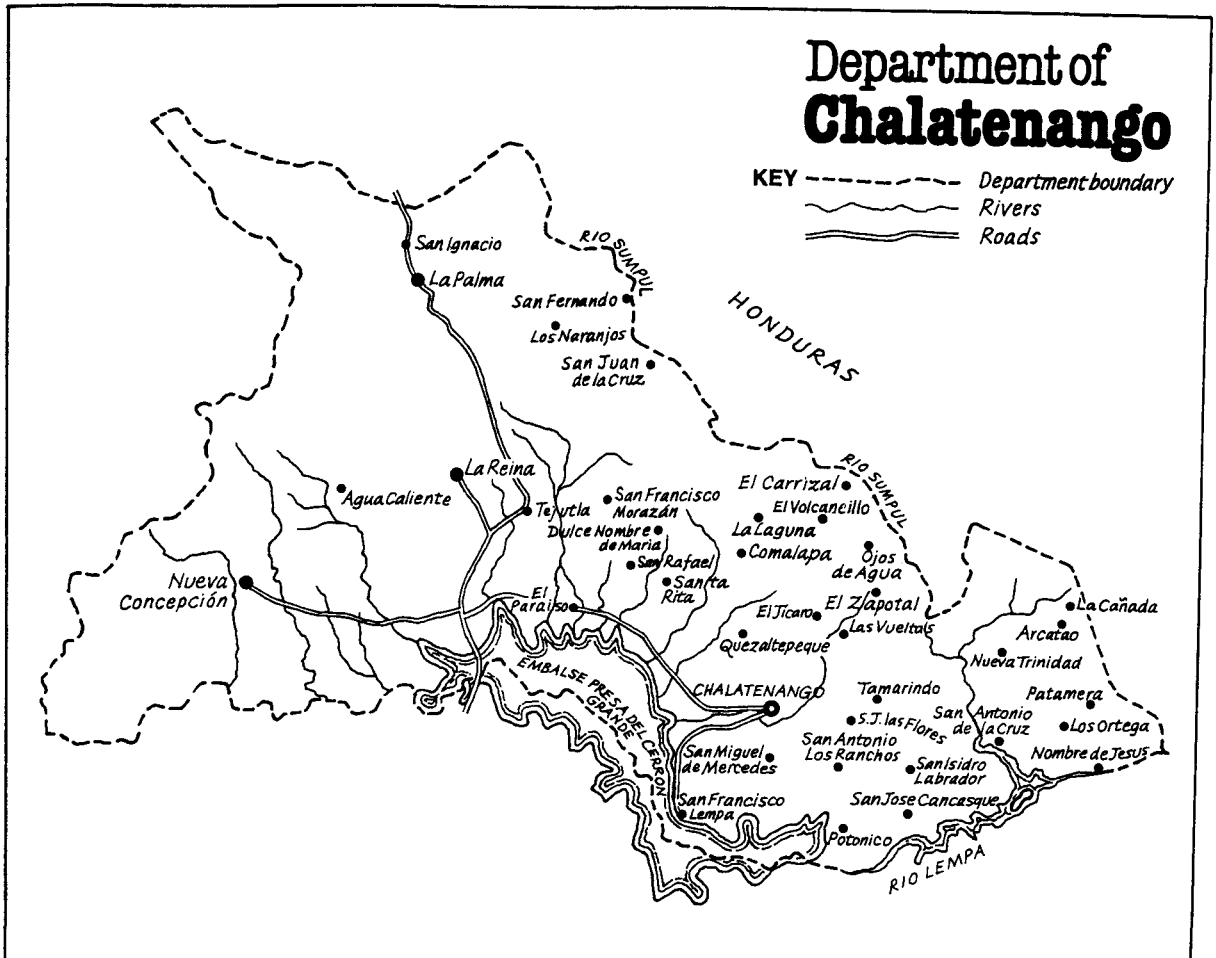

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First Steps

I hadn't even been on the Front a week when Beto took me with him on his rounds as coordinator of three popular health clinics in the eastern part of the Sumpul Subregion of Chalatenango. We walked a good two hours to reach the first one, in Tequeque.

The clinic, more accurately described as a modest health station, was a small adobe house in the middle of a hamlet, where the villagers weren't armed guerrillas but undernourished peasants living in half burned-down or ramshackled houses. Instead of guns, they carried *cumas,* the typical short, rounded Salvadoran machetes.

Beto took great pride in showing me the clinic's medical instruments and supplies: the equipment consisted of a stethescope confiscated from an abandoned government health center, a blood pressure meter of dubious operational status, an enamel-coated bed pan, and several specula. Surprised by the specula, I asked if someone was doing gynecological checkups.

"No, *compa,*" Beto answered. "I retrieved these from the Health Center in Las Flores after the enemy retreated, but I don't know how to use them. Maybe you can teach me?"

I didn't have a clue how to use them either.

We then took a look at the pharmacy: a couple of small plastic bags with aspirin, an incomplete penicillin treatment, some pills for diarrhea, and a skimpy assortment of other pharmaceuticals. But it was clear that Beto considered four glass jars filled with red and brown pills to be the real treasure.

"What are these, Beto?"

"Vitamins and ferrous sulfate. We just got them. We've never had this kind of stuff before. They'll be the basis of a

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nutrition campaign we're organizing," he said, with great seriousness.

"Look, I don't know if you can run a whole campaign with just some pills," I dared to comment.

I was beginning to sense the immense gap between my ideas and the reality of a popularly-controlled health system.

"Well sure, man. Why not?" Beto replied with assurance. "Our people are underfed, right? And these pills are nutritional, aren't they?"

I tried to explain a few concepts about improving crops and food quality, but he interrupted me.

"How can we do that? We never know if we're going to harvest what we've planted. Understand? Look, I've got to get going and check up on the other clinic in Los Amates. It's a little out of the way and since you're not used to so much walking, why don't you stay here? You can orient the health workers, you know, explain a few things to them. I'll be back for supper and with some luck I'll bring some fish from the cooperative."

Beto left and I stayed with the two health workers, Elena and Yolanda. They decided to fix lunch before we talked. When it was ready, Elena handed me a plate with two tortillas and some bean soup, heavy on broth and light on beans. The two young women showed me to the table while they retreated to the kitchen doorway. I tried to get them to sit with me but had no more success than to provoke embarrassed giggles. I tried conversation, but that didn't work either. I think they felt as uncomfortable with me as I was beginning to feel with them.

After lunch, I suggested that we discuss their work. We sat at a table on the porch.

"What would you like to talk about?" I asked.

The two of them shyly covered their mouths and, lowering their eyes, stared at the ground.

"Perhaps there's some aspect of your work that's giving you problems. Maybe I can help?" I continued awkwardly.

They just blushed and had another attack of giggles. One more time. "There's nothing I can help you with?"

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Elena, the more daring of the two, finally said, "We just don't understand you."

"I thought there might be a few things that you were having difficulties with, and since I've had some professional experience. . . ." I talked slowly, making an effort to enunciate clearly. But this didn't get any positive results; on the contrary, it only provoked more nervous laughter.

"What kinds of diseases do you treat most?" I asked, taking a different approach.

But all they did was cover their mouths and shyly look around in any direction, as long as it wasn't in mine. I was upset, unsure of what to do next and feeling more and more like a foreigner, frustrated by the huge gulf between us. Somewhat desperate, I picked up a copy of the book *Where There Is No Doctor** and asked them:

"Have you read this book?"

Yolanda said something I didn't understand.

"What did you say?"

"I said, 'a little bit.' "

"Which parts have you read?"

"I don't know."

I opened the book to the chapter on intestinal parasites, repeating my question, but I still couldn't get a direct answer. I kept on, paging through different chapters, but that was not an effective way of establishing communication either. What's more, I was beginning to realize that Yolanda was just barely literate and Elena couldn't read at all.

"How is it that you became health workers?"

They looked at each other to see who was going to respond. Without even lowering her hand from in front of her mouth, Elena answered, "Beto gave us a course."

"What did he teach you? What topics did you cover?"

"What what's?"

"Topics. What did you talk about?"

Elena thought for a moment. Once again she consulted Yolanda with a glance.

*David Werner, *Where There Is No Doctor* (Palo Alto: The Hesperian Foundation, 1977).

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"You know, about medicine . . . everything. Curing wounds, diarrhea, fevers, flu, malaria, coughs, infections. That's all."

"How long was it? The course, I mean."

"Five days."

"Five days? That's all?"

Elena didn't understand my surprise. "I mean, that's a lot. We had to go all the way to Patamera every day, you know." Patamera was another hamlet, a good two hours' walk away, made difficult by steep, rocky slopes.

"Why didn't you just stay the night there?"

"Well, our families wouldn't let us. Besides, you never know when there'll be a *guinda*.* It's dangerous to be far away."

"And the people here need attention," added Yolanda.

"Why don't we have a look at the pharmacy?" I suggested.

"If you say so."

I picked up a bag of sulfonamides. "What are these used for?"

"For diarrhea," responded Elena.

"Nothing else?"

"Well, no."

"Okay, these are good for some kinds of diarrhea; but, can't they be used for other things like urinary tract infections, for example?"

They looked at one another, as if to ask, "what is this guy up to?" Elena felt encouraged.

"Well no, not exactly. For an infection you use penicillin. Now for this ur. . . uri. . . . What is it?"

"Urinary tract infections. Like cystitis, for example. When it burns when you pee."

"Oh, you mean 'burning piss'! For that we use Bactrim."

"Yes, you can use Bactrim. It belongs to the same family of sulfonamides."

"No, I don't think so. I mean . . . sure, well, if you say so."

I started to lecture on sulfonamides and antibiotics: what they're used for, how you can substitute one kind for another if

**Guinda* is the popular word used for a strategic retreat undertaken by civilians and the revolutionary forces in the face of an invasion by governmental troops.

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you have to. Soon I noticed that Yolanda was staring off into space, not paying attention at all.

"Aren't you interested in this, Yolanda?"

"Oh, yeah, sure," she said, and they both started giggling again. I continued my lecture. A few moments later, Yolanda leaned over and whispered something to Elena.

Feeling a growing confusion, I stopped talking. It was apparent that these girls had a lot to learn, yet they didn't seem to show the slightest interest.

"Are you following me?"

"What?" Giggles.

"You know. What I'm teaching you here, is it interesting?"

"Oh yeah, yeah, sure," responded Elena evasively. Then suddenly she asked, "Is it true that in your country it gets really cold and snows?"

I felt utterly incompetent to do this kind of work, and something deep inside me told me that I had better ask to be sent to work in the hospital as quickly as possible. There I would be able to do whatever they assigned me while I gained some time to figure all this out. There things wouldn't depend so much on my own initiative, as was the case with teaching; and in a hospital I wouldn't feel so useless.

We all got up from the table. The two young women went about preparing the fire to cook sorghum* for the tortillas. I went inside to lie down for a few minutes. From there, I heard Yolanda say, "I hope Beto brings fish because we don't even have any beans left to offer him."

*Before the war, sorghum was cultivated mainly as fodder for domestic animals. Only the poorest peasants used it for human consumption, once their corn crop was depleted. Now, with the war, it is the cereal from which tortillas are most commonly made; its nutritive and culinary value is inferior to that of corn.

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The Insomniacs' Collective

There's just one thing our hospitals in the revolutionary-controlled zones have in common with those in developed countries: the name. Ours are not spotless silent towers of science. You won't find long corridors where people huddle together, sharing their sorrow, nor orthodox wards submitted to the TV's authoritarian stare, nor white curtains separating patients from one another's suffering.

A guerrilla hospital is more like a neighborhood café, where friends get together after a late night political meeting to discuss the results of the latest ball game. It's a lively place, even if you bear in mind its share of pain and sorrow.

The atmosphere of the hospital varies with the rotation of patients and their personalities. During the three years that I spent in the war, one of the most memorable periods was at the hospital near Tequeque.

This medical station was located in a typical adobe house. Some of the wounded and non-critically ill patients slept in hammocks on the porch. Since it was "summer"—the dry season—the slightly wounded patients and the staff would sleep on the ground, either in the patio or on the earthen floor of the house. The heart of the hospital, however, was the ward—a twelve by twenty-four foot room, where the most difficult cases received attention. Here the patients slept on *tapexcos*, cots made from bamboo poles slit lengthwise and roped together with vines, which are then placed on a fixed frame planted in the ground.

Sleeping on one of these improvised beds is a challenge even for the soundest sleeper. The surface is totally uneven and

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very uncomfortable. What's worse, they're a threat to the health of many patients, especially in cases of paralysis. Bedsores develop quickly despite the medical staff's watchful efforts. A hammock is much more comfortable; and, in the case of a lung injury, is actually better because it allows the patient to maintain a semi-upright position. However, a lot of the patients who might need resuscitation or those who had suffered a broken leg were obliged to spend their convalescence stretched out on one of these cots.

During a sadly long time, none of the *compas* in the ward managed to recover, so we dubbed them "The Regulars." Upon entering the ward, the first person you saw was Rafael, a big guy, just over twenty years old with long wavy hair that made him look like a hippie. But it soon dawned on me that there was nothing hippie about Rafael: he was pure Chalatenango peasant stock.

One day he told me that he didn't cut his hair because of a promise he had made. Once, when he was completely surrounded by the enemy, he vowed that if God helped him get out of the situation alive, he would never cut his hair. He was very serious as he spoke. But Juan and Medardo, both of them city boys and strongly influenced by Marxist thinking, would start in on him: "Cut that hair off, man! *You* got yourself out of that. You don't owe God anything!" But Rafael closed himself up in his beliefs and was faithful to his promise. Several years later, when he was among the disabled exchanged for President Duarte's daughter, who had been captured by the guerrillas, he cut his hair before leaving the country. What made him change his mind? I don't know. But what I do know is that in this war, slowly but surely, a lot of ideas get modified.

Rafael's brother, Mauricio, was well known all over the Front; a clever and willing *compa*, he was the head of the Los Amates Production Brigade, which includes a fishing cooperative, a dairy, vegetable gardens, and corn fields. Everything produced from these efforts was destined for the people's army, including the hospital. Through Mauricio we received watermelons, cucumbers, melons, tomatoes, and fish and milk for the

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wounded. This clearly gave Rafael a certain prestige among the other *compas*. Sometimes, when the goods came in from Los Amates, there might be a fish *pupusa*—a big tortilla pie which he was particularly fond of—just for him.

The others would tease him. "God, Rafael, it stinks of fish in here! Hurry up and eat that thing, man, the smell is killing us all . . . unless you want us to eat it for you." Then he would send it out to be heated up and share it with his neighbors.

But Rafael was not a cheerful patient. When the other *compas* would joke around with him, or when he would get something special, like the *pupusa*, he might brighten up a bit. But then, he didn't really have much to smile about. He had been shot in the upper part of the thigh, fracturing his femur. We had him in traction, using the primitive and ineffective system we had at the time.

The apparatus consisted of nothing more than a long narrow box for the leg to rest in, supposedly maintaining proper positioning. To create the required traction, we hung stones or bottles of water from the patient's foot. For what it was worth, the basic principles were there, but the results were lamentably poor. A more or less simple fracture could be set this way, yet since we didn't have access to x-rays, we had no way of checking the alignment. If the patient regained use of the injured limb, we would then consider it a "success."

With difficult cases, like Rafael's, the box system, which for some reason the *compas* had baptized "the helicopter," didn't do much. His injury was complicated when it became seriously infected. We spent several months trying to solve the problem, using up bottles of hydrogen peroxide and frightening amounts of different antibiotics. I remember giving Rafael, and other patients too, shot after shot of gentamycin with no result, making us wonder whether this batch was out of date, or if we weren't up against some super-resistant bacteria. We tried other drugs, but there still was no significant improvement. Daily we extracted puddles of foul-smelling pus from the wound; Rafael's thin blanket was almost always soaked and

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sticky despite regular washings. The thick bandages which we were obliged to use for lack of gauze, made from synthetic fabrics found in abandoned villages, were inadequate because they were nonabsorbent.

So on entering the ward, the first thing that hit you was the terrific stench. But no one ever mentioned it in front of Rafael. Only he would make sick jokes about how the worms were going to have a lot less work when he died.

Once, a new lay nurse removed the bandages for the daily treatment, and as the awful smell invaded the room, she cried out in the most spontaneous and insensitive tone, "Oh my God! Does that stink!" The entire ward wanted to belt her, and though no one made the slightest comment right then, they didn't easily let her forget her crack.

"Do I stink too?" they would tease her when she came around to change their bandages.

We were faced with a really serious problem: we needed an orthopedic specialist. Since no antibiotic seemed capable of halting the infection, we presumed that it was caused by a sequestrum, the medical term for a piece of dead bone trapped between healthy parts. Without x-rays and without knowing what kind of bacteria were present, no one dared operate.

I don't know exactly how the problem was finally resolved, since I had already left the hospital before Rafael was well enough to go home. One day though, I met him on a path; I was thrilled and, at the same time, surprised to see him so far from his village.

"Look! I'm back in business," he exclaimed.

He then stood up straight, like a soldier at attention, and barked "ten-shun!" In that position, you could see that the wounded leg was some three inches shorter than the other and completely deformed. I stared at his leg for a second and then the two of us started howling with laughter, hugging and slapping each other on the back with a really bizarre sense of joy.

On a nearby cot lay Medardo, a twenty-two year old ex-student who had been in his first year at the university when he

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joined the guerrillas in San Vicente. He had come to Chalatenango in 1981 as part of a select group of combatants chosen to form the very first Vanguard Units.*

He was wounded at Miramundo, a mountain near La Palma in the western part of Chalatenango, during a battle which had been led by a U.S. advisor. With the bullets whizzing all around them, our radio operators intercepted a message from enemy headquarters, giving the order to withdraw "that hick." "Which hick?" responded the enemy field radio. "The gringo, you son of a bitch!"

Medardo had wounds all over his body, but an open fracture of the tibia was what was causing all the problems. It had become seriously infected, resisting all treatment, probably also the result of a sequestrum. In spite of all our attention and treatment, only time eventually closed it up.

Contrary to most, Medardo was extremely self-critical about having been wounded. At Miramundo he had ordered his platoon to retreat when the fighting got too heavy. But as his troops fell back, they abandoned a real gem, a 90mm recoilless cannon which not only had been confiscated from the enemy, but was one of the very few we had. He had instructed a squad to go back and retrieve it, but they refused to follow his orders and challenged him to do it himself. Our troops are very demanding and insist that an officer be willing to follow through with any of his own orders.

In view of the situation, Medardo crawled back in pursuit of the weapon while the *compas* covered him with their fire. Despite being exposed to the enemy's guns the whole way, he recuperated the cannon and was dragging it back when, just a few short yards from safety, he was hit by grenade fragments.

I didn't understand why he was so self-critical; it seemed to me that his wounds were unquestionably honorable.

"Of course, you can't understand; this is all just an adventure to you."

"What the fuck is this adventure shit, man?"

"Well, just that, you, you don't think about what it means

*The Vanguard Units are the most qualified units in the people's army.

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to build an army. But we do. We think about it a lot and heroism doesn't interest us. I should've been able to make those guys follow my orders."

At night, Medardo, Juan, another wounded combatant, and I would argue for hours on end, sometimes raising our voices to a brotherly aggressive pitch. We would talk about many things: our personal views on life, the revolution, and the war. Ours was a confrontation between Europe and Central America, between the loosely-organized, anti-authoritarian activist and the Marxist-Leninist guerrilla. But these were important moments in getting to know each other, and it was, above all for me, the perfect chance to get closer to these people, their struggle, and the concepts behind it.

Once I asked Medardo what he wanted to do after we had won. He didn't hesitate in responding. "Keep killing Yankees, continue the struggle against imperialism. That's how much I hate it for what it's done to our people."

No one spoke. Medardo's words and steady voice filled the darkness. "We have to kill. It's an essential part of the struggle. But even though imperialism forces us to do it, we mustn't get used to it. There should always be some weird feeling, something ugly about killing."

He was fascinated by books, an indiscriminate reader who believed that the theme didn't matter, any book deserved to be read in one sitting. Later he would discuss what he had read with the others.

Once, while reading aloud a passage about the struggle in Guatemala, one of the other *compas* turned on the radio. Medardo stopped reading and stared at him. "You won't solve your own problems or win the war by listening to pop music," he said, picking up the reading where he had left off. Without a word, the *compa* turned off the radio.

Another time, when I was feeling down and lost, he called me over and said, "Look, pal, when we've won this business, and the country is free, me and my buddy are going to take you to every single nook and cranny of the coast and then you'll see that it was really worth it. How about it?"

Unfortunately, Medardo won't be taking me around free

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El Salvador. He later died, victim of a piece of shrapnel that lodged in his heart when he was hit during an air raid attack.

Medardo's neighbor and the last in that line of bamboo cots was Juan. He was an internationalist whose right leg had been amputated. "One-legged Juan," as he was called to distinguish him from the others, had been wounded during an attack on La Laguna, a fairly important town on the road to Chalatenango. He had only been on the Front for a few months when he took part in the assault on the National Guard post there. Hugging the walls of the neighboring houses, he was able to get right up to the command center and plant a charge that blew open the back of the building. The *compas* were then able to go in and take all the guardsmen prisoner. But as he withdrew, a bullet hit him in the leg.

The wound itself was fairly run-of-the-mill, not even a fracture. But the following week, our territories were invaded by 18,000 Salvadoran and Honduran troops—the famous *guinda* of November 1982, a very difficult period indeed. God only knows why, but within a few days Juan's leg became infected with gangrene. This dreaded infection was pretty rare on the Front; in my three years, I only saw two cases.

It was a period in which we were very short on medical supplies. We didn't even have IV fluid. Under these conditions, an amputation is a delicate operation, and even more so in the presence of a ferocious germ. But in spite of all this, we operated on Juan under a silk-cotton tree, cutting through the bone with the tiny sawblade of a Swiss Army knife, and using the milk from several coconuts as IV fluid.

Juan became a "regular," not because of the amputation but because of a rare skin disease that developed first on his extremities and then little by little took over his whole body, including his face. It would clear up in one spot, break out in another, and then spread back again. Even today, we still don't know what caused it. However, it was finally decided that, cured or not, Juan should leave the hospital and be assigned a new task. Slowly, after he had been working for a few months, the infection disappeared and only recurred insignificantly from time to time over the following years.

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Juan loved life and had always been very active, full of energy. It must have been a tremendous effort to adapt to the amputation, but he never mentioned it. He spent long hours just sitting quietly and I imagine that during those moments he was forming a new image of himself.

I remember once, during a meeting when the patients were strongly criticizing the lay nurses, Juan spoke up, "Look, maybe I'm one-legged because somebody made a mistake, or maybe that has nothing to do with it. I got all caught up in that for a while and I felt bitter. But, later, I said to myself: Fuck it! What difference does it make now whether someone screwed up or not? We're at war and war is a series of some steps forward and others backward. The important thing is to win. And, no matter how it has to be, even as amputees, or as fucking basket cases, we can keep this process moving if we put our minds to it."

After leaving the hospital, he was assigned the delicate task of controlling logistics routes, a desk job which he joked about, calling himself a "guerrilla bureaucrat." But as an active revolutionary, just twenty-five years old, who wouldn't have trouble getting used to being such a "bureaucrat," vulnerable to any invasion? Whenever there was an enemy offensive, he had to be moved to the rear guard on horseback. That worried me. What would happen to him when that wasn't possible? I'm sure everyone was asking the same question, including Juan. But he never brought it up. With affection, and out of consciousness and love for life and the struggle, Juan not only accepted losing his leg, but did so where mobility was a strategic necessity.

There was a fierce invasion in September 1984 on the day on which there was to be an exchange of some of our wounded for captured enemy army officials. We were forced to hide our wounded, including Juan, in a cave. Sitting out an enemy offensive inside a shelter is about the worst thing that can happen to you in a war: not only is it extremely uncomfortable, but you feel like a sitting duck.

Juan had been given the chance to be included in that exchange and leave the country, but he rejected the offer; he

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wanted to stay in what he felt was the right place for him. But in the next invasion he wouldn't hear of going to another cave; he and his security squad went and hid in an out of the way spot, thick with bushes and brambles.

On the last day of that invasion, an enemy patrol began combing the area. There was no way an amputee could get out of there alive. Juan argued bitterly with the *compas*, forcing them to leave him behind. With the enemy closing in, he attempted to retreat, but his crutches broke once he entered the bushes. He only had a 22-caliber pistol and two grenades; one of them didn't explode, the other did.

After the invasion was over, we found what remained of him about 600 feet from where the security squad had left him; his skull simply didn't exist any more, nor did his hands. His chest was riddled with bullets. It seems that the soldiers had called for him to surrender, "You're not going to get anywhere with that water pistol."

Like so many others, Juan had understood that "Revolution or Death" was not just a slogan. Aware of the strategic information logged in his memory, how could he possibly allow himself to be taken alive?

While in our "Regulars" ward, Melvin had the cot opposite Juan. His story exemplified another element of the drama we lived in the people's war. He was a militiaman from Veragua, the brother-in-law of Morena, the village health worker. They were both devout Christians who had joined the popular forces precisely because they had understood the communal message of Christianity. They had met Archbishop Romero when he'd visited their village, and had worked with Ita Ford, one of the four nuns murdered by a right-wing death squad in 1980. Their commitment to the revolutionary movement was strengthened, among other reasons, when they saw how such exemplary people were simply gunned down in cold blood.

One night, as Melvin was getting up for guard duty, his large caliber, pre-World War I rifle fell and accidentally went off. The bullet passed through his right thigh, injuring an important vein. Morena applied a tourniquet and managed to stop the bleeding. But during all the months he spent in the

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hospital, the vein repeatedly and spontaneously hemorrhaged massively. At any moment of the day or night, a member of the staff could be seen hurrying to answer Melvin's pathetic cries for the tourniquet; it finally got to the point where we just left one there permanently, ready for any emergency.

Changing Melvin's dressings was always a challenge. His anxiety made him tense and totally obsessed with his wound. He complained about everything, and if, during the treatments, the slightest touch made him wince, he would jerk our hands away. More than once I had to holler at him just to do a routine check.

But the *compa's* condition was serious. As a result of the repeated hemorrhaging and the largely insufficient diet, he had become severely anemic. At that time a transfusion was out of the question, and to make matters worse, maintaining aseptic conditions was very difficult. The wound was soon badly infected. The bullet's trajectory had now become a veritable cave. At least three times the granulation tissue managed to reach the skin surface, but each time the goddamn vein would burst again, and, of course, the infection would set in once more, setting us right back to zero.

Things got progressively worse. Melvin's blood pressure went up to 180, either as a result of his anxiety or as a perverse reaction to the constant hemorrhaging. At the least provocation, even when he just tried to make himself comfortable in his cot, the bleeding would start all over again. Often a bowel movement was enough to bring on the hemorrhaging. Since privacy as such didn't exist, there was no alternative but to relieve yourself right there in front of the other patients, lay nurses, visitors, and whoever else might happen to be there at the time. Being extremely shy, Melvin would wait until dark to take care of his personal necessities; but his prudishness was frequently frustrated, since the necessary effort often provoked the bleeding, which in turn resulted in a terrific scandal, waking up the whole ward.

The other *compas* would tease him with their black humor. "Tonight, Melvin, we want to get some sleep. We forbid you to take a shit!"

Embarrassed as well as fearing another attack, Melvin

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would constantly restrain himself. So we'd have to order him to defecate. "Do it two or three times a day, but for the love of God, Melvin, don't get constipated!"

He lost hope of ever getting better and thought he was going to die. Our diagnosis was not all that pessimistic; yet, in view of the limitations, we couldn't offer him any real hope, either.

When Melvin's desperation became dramatic, the other *compas* tried to encourage him with their own special solidarity, a mixture of realism and black humor.

"You're gonna die, Melvin, you're gonna die!"

I remember being horrified by this scene when Melvin suddenly began speaking as he never had before.

"All of you are here because you were doing something worthwhile. You were wounded in battles for our liberation. Me, I'm here wasting medicines that should be going to combatants, taking up this space and the doctors' time because of my own stupidity!"

Juan answered him with irony. "Kick him out of here! Get his butt out of the hospital! This guy is taking up a combatant's place. He's a civilian and they don't do anything except feed us!"

Medardo chimed in. "Shit, man! What the hell are you talking about? You know we're all in this struggle together. We're all fighting for our liberation, all in our own way, civilians and guerrillas alike. Don't you feel scared shitless sometimes when you're on guard duty? Isn't it as courageous a way as any to defend your people?"

This shocking conversation turned out to be amazingly therapeutic. Melvin had isolated himself in his depression and feelings of inferiority. After this incident, he was more self-confident; he felt like he was one of the *compas*, too.

He eventually did get better. We were able to get enough medicine to stabilize his blood pressure, and the vein finally healed. He was one of the happiest patients I ever saw leave the hospital.

"What luck! I still have enough time to prepare the corn field. My family won't go hungry on my account."

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Many other *compas* had to idle away weeks or whole months stretched out on their bamboo cots: multiple fractures, chest or abdominal wounds, appendicitis, typhoid, you name it. But others were able to convalesce on the porch or in the patio and would wander through the ward, chatting with the patients and the health team. A few of these were "Regulars" as well, including Emiliano, who had been hit by a bullet from a G-3, a large caliber West German rifle, destroying his cheek and lower jaw. Not only was this a terribly painful wound, having affected the trigeminal nerve, but it also meant that he couldn't eat solid food, which he found humiliating.

His best buddy was Pablo, "The Cat," whose minor flesh wound in the thigh became infected, postponing his departure from the hospital.

Irremedial insomnia is common among the wounded, but these two crazy characters used it as an excuse to party all night long. At any hour of the night, you would find one or the other wide awake telling wild stories, talking about girlfriends or buddies, or teasing other patients. They loved to josh the lay nurses and doctors. One of their most memorable exploits was a "Patients' Union" they organized, complete with officers whom they would choose and remove at whim. The main function of the Union was to guarantee the patients a steady diet of watermelons from Los Amates, when and in the quantities they established—and not as Julia, the head of the hospital, programmed. Late at night you could hear them chanting the Union slogan: "What do we want? *Watermelon!* When do we want it? *Now!*"

They called their insomniacs' collective "The Big Sleep." They could smoke a whole pack of cigarettes in a single night, despite the doctors' warnings that smoking would slow down their recovery. The Union had its own private channels for obtaining cigarettes and would oversee their distribution.

"The Café" was another one of the Union's schemes during this period. Because there was always the possibility that more wounded would arrive at our already too small hospital, Julia, a nineteen-year-old peasant woman with three years' experience as a guerrilla lay nurse, decided to expand the

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unit. Behind the patient's ward there was a tiny porch which housed the adobe oven used to sterilize the medical instruments. The idea was to create a space where a few more bamboo cots could be set up, by extending the tile roof and walling it in with straw fixed onto wooden frames.

Why this project was never completed, no one really knows. Little by little, however, the more mobile wounded used it as a place to hang their hammocks, seeking out the shade there in the heat of the day. It was Medardo's and Juan's "study," where they would read whatever they could get their hands on, while sipping the coffee brought by their special "contacts." Before long, "The Café" became the perfect spot for endless discussions among the patients, staff, and visitors: topics varied from the Allende years in Chile to policies of China and the Soviet Union; the viability of armed struggle in Europe; the development of imperialism and Salvadoran history; and included every imaginable theory about when and how we would march into Plaza Libertad in San Salvador to celebrate our triumph. Sometimes the discussions heated up and we would take to calling each other reformists or revisionists or some other Marxist "insult." And, occasionally, someone with real expertise would hold a mini-seminar.

But we didn't just talk politics; we all took turns narrating our favorite movie, relating an anecdote, or confessing our "most embarrassing moment," which usually brought on the laughter, comments, and criticism of the others. We didn't think of it as anything solemn or serious; more than anything else, it was just another chance to cultivate the affection that exists among comrades.

It was a café without beer or booze; the only "illegal substances" we had were those that Juan and Medardo got from their contacts: coffee and cigarettes. The Union meetings were a way of making life as bearable as possible for both the wounded and the hospital staff. In the midst of the weariness and hopelessness, without worrying about all the danger and suffering waiting for us out there, we made life itself one hell of a party.

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Our Own Hospital

Hospitals in the controlled zones play an important role for the civilian population, as well as for the people's army and the party. In this sense, they are real institutions in the life of the whole Front.

When a hamlet is chosen as the site for a hospital, it gains a certain prestige and soon becomes a center of collective life. When the hospital moves, the villagers feel disappointed and sad. They often continue to keep up the house where it was located, in hope of its return.

Once, in Tequeque, while scouting for a location to hold a seminar, a *compa* told me, "There's always the hospital. It's still vacant, just in case you decide to come back."

Before the war, the rural population had to travel to hospitals in the cities to receive medical care. Nowadays, living near one of ours guarantees medical attention, but at the same time constitutes a risk, since hospitals are prime enemy targets. Even so, the people always speak proudly of "our own hospital."

Everyone has contributed something towards its construction. The civilians have pointed out the safest location for it and then helped build it. They have also helped carry the wounded there; the crops from their fields have supplied its provisions. As for the militiamen and the combatants, they have risked their lives to protect it, while teams from logistics have lugged heavy backpacks full of medical supplies over dangerous backwoods trails. In this respect, the hospitals are the result of a community effort, a symbol of the people's accomplishment.

But, as the war went on, we felt the need to have clandestine hospitals. This proved to be truly difficult in such a small and densely populated area as El Salvador. It is impossible to

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set up a new facility without at least a handful of local people knowing its whereabouts.

Once, in a supposedly secret hospital, we were resting just after having finished abdominal surgery on a combatant, when a group of locals brought in a woman in a hammock.

"We know we shouldn't come here, but the *compa* is really sick. So we decided to risk it."

The patient turned out to be a thirty-year-old civilian with acute appendicitis. There was just one thing to do: put ourselves into high gear, wash and sterilize the instruments, and prep her for the operation. It was 11 P.M. before we finished. If the people had waited, if they hadn't considered the underground hospital their own, the woman's appendix would have ruptured, probably killing her.

On any given day at the hospital, one could see civilians and *compas* from the different workshops, recovering from an operation, a bad bout of malaria, or a battle with typhoid. I can't even recall how many caesareans we had to perform.

However, it was primarily in the outpatient clinic that the relationship with the civilian population really took shape. Working there played an important role in my personal development. It was there that I learned to diagnose and treat common complaints; and even more importantly, I got to know the people in the midst of their liberation struggle.

As many as twenty-five people came in a single afternoon. The consultation wasn't limited to discussing the patients' ailments; it often included whole chapters of their life stories and family problems as well.

By January 1983, most of Chalatenango was under revolutionary control. As a result, those who had fled during the nightmare of government repression overcame their fear, left the refugee camps, and went back to their fields and homes; the lucky ones found their houses still standing. During all of 1983 and the first half of 1984, the civilian population grew until it had quadrupled.

Those who had been in refugee camps managed to recover somewhat from a life of chronic undernourishment and were

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not quite as unhealthy as those who had remained behind, holding out despite the war. The ex-refugees usually consulted us for specific complaints, such as an infection in the digestive, respiratory, or urinary tracts, for all kinds of parasites, or for different sorts of rashes or fungal infections. By contrast, those who had stayed showed up looking pale and yellowish from anemia, aggravated by constant bouts of malaria. Their hair had long since lost any semblance of shine, and they looked like walking skeletons. The children were underdeveloped for their ages, their bellies swollen from worms. Although there were some cases of acute malnutrition, most just suffered from prolonged undernourishment, which never reached a critical stage.

These people had learned to get by on whatever they could find in the hills. Only on rare occasions had they managed to supplement that with the basic foodstuffs common to the rural population: beans, corn, and more often than not, sorghum. Even if they had money, they couldn't run the risk of going into one of the villages to buy supplies. Their diet had consisted of roots and leaves, unripened fruits, the pulp of banana and papaya tree trunks, and any wild animals they were able to hunt.

Upon examining them, we found chronic diarrhea and undernourishment, parasites of every class and color, and a wide variety of aches and pains. Any hope of laboratory analysis was pure fantasy; our only basis for diagnosis was clinical observation. Taking medical histories was very complicated, since few had precise recall of past illnesses and the popular rural vernacular they used to describe their ailments was incomprehensible to us city-bred professionals.

The only real advice we could offer most of the patients was to try to eat better. "I'll try, *compa*," they would respond with incredible patience. To save the situation from being too absurd, I attempted to give them some encouragement, "That's one more reason to win this war."

"We've made a lot of progress. It won't be long now," was the inevitable response, born of a confidence that was really hard to understand at first, considering everything these people

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had already been through. "And anyway, we've got the corn planted and they aren't taking it from us this time!"

One of the complaints I most often heard was, "I get out of breath easily on the slopes." The terrible truth of that phrase didn't hit me until I, too, was anemic and understood the flesh and blood challenge of the hills.

Chalatenango peasants can walk for hours over rugged terrain without tiring, and at a pace that can wear out even the best-fed, best-trained European. As I had watched them carry fifty pound sacks or wounded *compas* up and down the backwoods trails, I felt admiration for this underfed people. It reaffirmed my belief in their capacity to resist and defeat their enemy, right down to the last Yankee. So when they did feel worn out, that was reason enough to seek out a doctor.

Often, in order to make the long trek from an outlying village to the hospital, people would band together in small groups for safety's sake. On one occasion, a big group from several of the hamlets to the south arrived, laden with presents for the patients: honey, fruit, *tamales*, coffee beans, and corn. What extravagance! These items were not just scarce, most of them were virtually priceless. Everyone was overjoyed and we prepared a little ceremony to welcome the visitors and express our thanks.

When it was over, Carolina, one of the doctors, asked me if I would give her a hand, since, surely, most of them would want to make the most of the trip by seeing a doctor. Within a few hours, sixty people had passed through our hands.

Unlike doctor's office visits elsewhere, there were none of the usual appropriate facilities for making examinations and so, unless the exam was of an extremely intimate nature, it was done in public. Everyone could hear the doctor's advice given to the other patients, and they could take advantage of these conversations, using whatever was pertinent for themselves.

Especially in front of strangers, Salvadoran peasants are very modest about their bodies. The way they overcame this bashfulness was admirable. For example, diagnosing diarrhea meant asking a lot of embarrassing questions: "When you go to take a shit, do you fart much? Are they really stinky?"

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This direct way of doing things soon became the rule. Intimacy gave way to a collective lifestyle, as an essential condition for survival.

Parties were another important link between the community and the hospital. Many occasions were an excuse for dancing; this passion, even in the war, has not been lost in El Salvador.

The best parties around were the ones at the hospital, probably because so many young women worked there. Male *compas* from all over the subregion would show up just to dance with them: from the explosives workshop, the military training school, the information and propaganda office, and the Subregional Government Council. It wasn't surprising to see some guerrilla commander taking a few hours off to dance with the lay nurses, and then, just like most of the others, walk several hours back home to be at work the next morning. The rest slept at the hospital; on those nights, doing rounds meant navigating around piles of bodies sleeping directly on the earthen floor in the ward and all down the porch.

There was a dance during the time of the "Insomniacs' Collective" at Tequeque which made an impact on me. That afternoon a young boy, the son of one of the *compas* in charge of the PPL, the local popular committee, had been critically wounded in the leg. He had stepped on one of our own land mines while out picking mangos beyond the security parameter.

We amputated his leg in a futile attempt to save his life, but he died on the operating table. Not just the medical team, but everyone at the hospital felt sad and defeated, even though we hardly knew the boy.

Suddenly Emiliano grabbed a guitar and shouted: "No crying! Come on, everybody! Let's dance!"

Right there we started dancing, as if for our lives, a frenzied dance as vital as the liberation struggle itself. And while we danced with such passion, Margarito kept watch over his dead son, the third he had lost to this war. We didn't leave him alone; the people would go in to view the body, accompany him for a while, and then go back out to join the dancing.

Somehow there was always music for the parties. Usually

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Arturo or Emiliano would sing and play the guitar, but even if we only played the same old cassettes using some worn-out batteries, nothing would stop us from dancing. There were also a couple of musical groups in the controlled zones. The biggest and most well known was from El Sicahuite and boasted two or three guitars, a bass, two violins, and Don Ramiro, the poet/singer of the group. Another band, "*Los Farabundos*," were a real folksy, lively group that knew exactly how to please the crowds.

Bandaged eyes, heads, arms, or legs didn't stop the *compas* from dancing. I even remember watching amputees dance, one arm holding a crutch and the other around a partner, while they both roared with laughter. And since a guerrilla fighter never puts down his or her gun, the image of these couples slow-dancing in each other arms was as tender as it was bizarre.

When we danced to the music of these bands, we shook to the rhythm of the progress of our guerrilla forces; far from causing us to forget our political perspective, these parties strengthened it. From the middle of the dance floor, we periodically shouted revolutionary slogans, reflecting how our commitment permeated all aspects of our lives.

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Combat in the Intestinal Zone

"Good morning, sir," said Veronica, one of the new health workers. "What do you have for the flu?"

"I have some tetracycline. It's very good," I answered. "How much would you like?"

"I guess you know best. Give me two pesos' worth."

As part of a workshop in El Sicahuite, we were improvising a little theater piece to summarize the week's classes, on the use of antibiotics in bacterial and viral infections.

Eight of the nine health workers who had come into my "pharmacy" bought tetracycline for the flu. Some of them had hesitated, but I used strong arguments—"I know what I'm talking about because I learned this at school." To my disappointment, I had ended up convincing them.

This little socio-drama was a very useful exercise which allowed me to measure what had been assimilated and what needed to be reviewed. I decided to repeat the whole class, and we went over the dangers of antibiotic misuse once more.

Nonetheless, on returning to the tiny village a few weeks later, while conversing with Maclovia, the head health worker, I noticed a practically empty quart bottle of chloramphenicol. Maclovia looked away, embarrassed. She had been giving it to children with diarrhea.

"But why did you do that? We only use it in typhoid cases. It's really dangerous for kids. I'm sure you know that."

"I know, you're right. But the people are so insistent, and since we don't have any anti-diarrhetics, I figured this way, at least I would be killing off some germs."

Maclovia had been one of my best students. It was clear to

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me that if I couldn't find a better way to spell out the effects and dangers of antibiotics, the people's habits of pill-popping, combined with social pressure, would always end up neutralizing the ideas I was trying to introduce.

Tetracycline had been so widely promoted that the people thought of it like aspirin, taken for headaches or an upset stomach; for the flu, people took it two or three times a day, depending on what they could afford. In their minds, the best drug was definitely tetracycline; ampicillin was no good, but penicillin would do in a pinch.

What could I do to counteract these bad habits? How could I make my explanations easier to understand so that they would sink in?

In the beginning, in order to simplify things, I had avoided talking about such essential matters as the importance of the intestinal flora and the damage done to it by antibiotics. I had only mentioned bacteria as causing infections. How could I illustrate the flora's biochemical role and the significance of its depletion when antibiotics are administered? I spent a long time going over different aspects of peasant life, searching for an appropriate image. Suddenly, it came to me. Since these peasants lived in the middle of a people's war, why not explain this business of the flora and the antibiotics in war terms, which were all too familiar to everyone?

So I got down to work. The "battle of the germs" eventually became an ideal method of communicating ideas essential to our work. But first terminology had to cease being an obstacle.

I translated anatomy into the rural vernacular, adapting the words the peasants used for the body parts of common farm animals: pigs, cows, and chickens. If I said the word "stomach," they took it to mean the whole abdomen, so we settled for "belly" and "gut" to differentiate between the stomach and the intestine. In a similar fashion, we adapted their vocabulary for other body parts and fluids: bile, throat, neck, and so on.

However, I had significantly less success in explaining the difference between one gut which was large and stationary and the other which was small and movable. Contrary to what was

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possible in a hospital, civilians had no way of observing both intestines during abdominal surgery.

One day in a workshop in Tequeque, we got a chance to clarify these language barriers and gain a better understanding of the "battle of the germs."

When the enemy started launching heavier and more frequent attacks on Chalatenango, the Subregional Council and the local popular committees (PPLs) decided to butcher one head of cattle in each municipality so the children could eat meat. The measure would also save the livestock from falling into enemy hands in case of a *guinda*.

At dawn, members of the health and education commissions began the slaughter. By the time I got there, they had already collected buckets of blood to use later in preparing blood-sausage. The atmosphere was festive.

"Before the war, when there was butchering to be done, I was the one they always called on," Henry, the local representative in charge of the operation, stated proudly. He was blind in one eye and was always seen wearing an old beat-up hat made from wicker. "I got my part of the beast, and in my house, we never had any lack of meat. But it's been more than two years since my last job."

Rubí, a health worker from a neighboring hamlet, was the first to arrive for the class I was improvising. She had a fifth grade education and was a quick learner. Politically she was very conscious, perhaps because one of her brothers was a member of the Vanguard Units and her sister was one of the best lay nurses we had in the hospital. Rubí would have been working at the hospital too, were it not for a hip deformity which caused her considerable difficulty in moving about. Personally I hoped that within another year, with a little more practical experience and maturity—she was only fifteen—she would be able to take over as the municipal health supervisor.

The PPL representatives were already skinning the animal when Beto, Toña and Rosa joined us. Toña and her nine-year-old son walked to class everyday from Patamera, where she was the village health worker. She was twenty-eight and lived with her parents, having split up with the boy's irrespon-

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sible father, despite people's comments and reproaches; I was particularly struck by this, since she was very shy and reserved. Her tenacity for learning made me especially fond of her. Like so many other peasants, she could write, that is to say, she could copy, but then she couldn't read her notes. When we jotted down the essential points covered in class, she made painstaking efforts to write it all down and in the afternoons, would review the material with Rubí's help. She confided to me that once the workshop was over, she was going to sign up for the adult literacy classes, and then she would be able to read for herself what she had copied down.

Toña was always the last to understand in class. When trying to answer my questions, her expression took on a strange mixture of concentration, willpower, and shyness. She was conscious of her deficiency but managed to laugh at herself and her frequent setbacks.

The rest of the class arrived after the animal was completely skinned. Fernando from Tequeque; Lito from San Antonio; Aminta and Beti from San Juan. At first we talked more about meat than anatomy, but when the abdomen was opened up, we got down to business.

I took hold of the small intestine and to everyone's amusement, demonstrated how it jiggled. Henry grabbed the end of the small intestine just below the belly and used a piece of corn husk to tie off the duodenum so nothing would spill out. He then pulled it out so we could see the shape and position of the large intestine. The health workers and the *compas* from the PPL crowded around, listening with interest as I lectured.

Fernando mentioned that they called the large intestine the "air gut."

"So what do you call the small one, then?"

"The water gut."

Henry seized the chance to illustrate the lesson Fernando was giving me.

"We'll cut it open to clean it, then you can see what we're talking about."

He grabbed the duodenum and cut off the corn-husk cord, letting some of the contents spill out.

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"There, you see? This one's really watery. But here," he grabbed the large intestine, "there's just air in between the pieces of. . . of. . ., well, of shit."

Everybody burst out laughing.

"In a pig, it's even easier to tell the difference between the two guts."

Henry's demonstration and plain talk illustrated perfectly what I had so laboriously been trying to explain in class.

Using this as the base, I then lectured on the function of the intestine, taking a piece of the organ to study its texture and observing how the contents became more and more solid as it approached the anus. It was easy now to see where the bile mixed with and colored the substances from the belly. With such a clear reference, everybody came to an easy understanding of the process of decomposition and assimilation of foodstuffs in the digestive tract.

In future classes, even when there was no animal to illustrate the material, my explanations greatly improved. Fernando and Henry's lesson, along with the new terms "air gut" and "water gut," made them more comprehensible.

The morning after that lesson, I got up earlier than usual to search for some visual aids to use in the next class. I found a broken roofing tile near the house where we held the classes and broke it into little pieces. I collected some pebbles, and picked a few chili peppers, half of them green and the other half already overripened and red.

When the *compas* saw the strange collection of objects on the table, Fernando was the first to ask the question on all their minds: "What is all this for?"

"No lecture today. We're going to stage a pretend battle in order to understand the effects of antibiotics better. Picture the center of the table as the inside of the intestine. The green chili peppers are the healthy bacteria, and the red ones represent bad germs that cause infection. The pieces of tile are parasites and the pebbles, viruses."

I told them to imagine that the intestine was a battle field in the controlled zones. The green chili peppers represent the *compas*. The red chili peppers would be the enemy invading with

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tanks—the parasitic tiles. The viruses, or pebbles in this case, were special armored cars, against which we had no weapons.

To illustrate a healthy intestine, all around the table we scattered green chili peppers, or good bacteria, the "*compas*" of the intestinal flora, with just a few tiles and red chilis as "infiltrators," which were kept under control by the strength of the flora.

"When there's an invasion—an infection, that is—the intestine fills up with red chilis, or bad bacteria. If we start to mortar-fire with tetracycline, what happens? Who dies?"

I tossed a tetracycline capsule on the table. The *compas* stared at me in awe.

Rosa spoke up. "The chili peppers. Both red and green."

"Right! Both are vulnerable to the shock wave and the shrapnel. What happens to the armored vehicles and the tanks?"

"Nothing." Fernando was catching on.

Next we took the case of an enemy harassment, a common incident. The battlefield displayed a few red chilis as the attacking force, in amongst the green.

"If we mortar again, what happens?"

"Both the red and the green will die again," said Lito.

"In equal numbers?"

" No. More green chili peppers . . . I mean, *compas*. There are more of them."

"What should we do, then?"

"Well, we should just let the ground troops handle it; maybe a well-placed grenade could do the job."

"Which antibiotic would we use as a grenade?"

Lito thought for a moment.

"Well, penicillin might do."

"And erithromycin, too," added Rubí.

We went on to stage a viral infection by invading the green chili peppers with pebbles. Rosa suggested that we fight back with penicillin grenades. What would happen? Who would die? Rosa had to think about it.

"Penicillin won't do any good there," said Fernando, adding jokingly, "The best thing we can do is go on a *guinda*."

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"That's right! We have to preserve our forces. That's what we do on a *guinda*, isn't it? So now, in medical terms, how can we make a *guinda*?"

"Rest."

"Drink fruit juice."

"And what happens to the virus? It lays off, just like that?"

"Sure, exactly like the enemy! They can't take it for more than a week," exclaimed Toña.

We spent the whole morning like that, laughing, simulating different combat situations, doing "weapons" tests, and discussing their efficiency and viability in each case. From the moment in which health care took on such a familiar form, things had become unquestionably clearer.

"What happens if we fire a mortar or toss a grenade before the attack begins?"

"The enemy digs down in its trenches and casements just waiting for us. They're forewarned and they can hold out longer."

"And our attack? Can we win?"

"No, we're fucked."

"Exactly. If we use antibiotics for just any old thing, that's what happens. The enemy becomes more resistant."

Several months after the course had ended, I visited Toña in Patamera. She told me about a *compa* who often showed up to borrow the tooth-extracting equipment.

"And he always asks me for a few Bactrim or ampicillin, as well. One day I asked him why he needed them, and he told me it was to prevent an infection. Should he be doing that?"

"Some people do, although it isn't necessary if you do a clean job in the first place."

"That's what I told him. I said that it was a mistake because he'd just be killing off the '*compa*' bacteria, the good ones. He stared at me like I was crazy or something. Huh! He can laugh but I won't forget that lesson, ever."

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Can't You See This Is an Operating Room?

Our column was exhausted after a hard, day-long march. Night was falling, but before we rested we still had one more damned peak to climb on a barely visible path that twisted its way through the six foot high grass. The only other vegetation in sight was a scattering of pine trees way up on the all too distant summit.

The enemy was invading the controlled zones, and we were marching with a detachment of the people's army to oppose the attack. It was my first experience of an enemy offensive. Up until then, all I knew were the impressive stories of past *guindas*, already legendary amongst us, named for the months in which they took place. May, October, and November were those in which the enemy siege had been broken, almost without using a single gun, each at very high cost. Dozens of civilians had been massacred in streams and riverbeds. Now fear and hunger filled the air. I think we were all tense. Would things go all right for us in this offensive or would it be another tragedy? One thing was sure. This was going to be a real test for our little Medical Surgical Unit (MSU).

It was pure luck that José, the party representative for the health sector, found me when he woke us up at 4 A.M. I had just come in the day before from a workshop I was giving to the local health workers in El Sicahuite.

"Wake up and get your pack ready. You're going on a mission."

"What? And the workshop? They're waiting for me," I protested. I hadn't yet gotten used to following orders without question, as military life demands.

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"Forget the workshop. We've got an emergency on our hands. You're going with the MSU."

When I was ready, Jaime, the lay nurse in charge of the MSU, handed me a liter of IV fluid and a few surgical supplies to put in my backpack. Three other lay nurses, María, Arelí, and Clara, would be coming with us to round out our team; that's all there was to the MSU.

When José asked us if we had everything, neither Jaime nor I knew what to say. We'd never been on an MSU mission before.

Jaime showed me the list. It seemed really short on supplies, but José put an end to our complaints. "Now listen, that's the best we can do. Almost nothing's gotten through in the last few months."

I asked then which doctor was going with us. José looked at me straight in the eyes. "Don't worry about that. Jaime will take care of it," he said imperiously, in that typically mysterious tone military people use to talk about secrets, but which, for a novice like me, was merely annoying.

We set out and walked uphill for two hours before coming to a sudden halt. "Who are we waiting for?" I asked. Getting no response to my question, I began to understand that I had to control my curiosity. Pretty soon we saw some *compas*. One of them had marked European features—a tall, thin, aging man with sparse, fine, very white hair. It was soon apparent to me that this was Jordano, the doctor we were waiting for.

He gave us a perfunctory "hello" and began asking a litany of questions: Where would we be operating? When would the wounded arrive? Where was the fighting? What kind of supplies did we have? Did we have certain kinds of sutures, clamps, and emergency drugs? Jaime just calmly responded to all his questions: "No, no, we don't have any," or, "We don't know that." The old guy had been on the Front only ten days and was aghast at what he was finding. Nor could he have imagined that several hours of hard march were still awaiting him today. Shortly we were underway.

That evening, putting one foot in front of the other again and again, we finally reached the top of that damn hill, as the

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sky darkened prematurely and big black clouds announced rain.

A whole detachment and some of the Chiefs of Staff had preceded us, so dinner—cold beans and tortillas—was ready when we got there.

It started raining in sheets, a typical tropical downpour. Jaime, María, and I made a feeble attempt to shelter ourselves under our plastic ground cloth. We tried filling our canteens from the rivers of water that streamed down the folds in the plastic, but we were more successful at getting ourselves soaked than in collecting water.

Once the rain stopped, we tried to get some sleep, sharing one blanket between the three of us. For modesty's sake, María placed her pack between the two of us, leaving me almost completely exposed to the chilly mountain air. About an hour before dawn, weary of fighting such an invincible foe, I surrendered and got up. A thick-lipped, flat-nosed *compa* was standing guard on the summit, wrapped in one of those wonderful silk ponchos that Reagan sends us via the Salvadoran Army.

"Can't sleep, Paco?"

"It's too damn cold. I thought this was a tropical climate. Besides, I've never slept so completely at the mercy of the elements before."

"Oh, yeah. I didn't sleep a wink my first time either. But you get used to it. Before you know it you'll be sleeping on roots, rocks, any shitty old spot and you'll think it's goose down."

The man inspired me with confidence and seemed capable of great understanding. The night before I had watched as he mingled with the troops and the lay nurses, smiling as he peered through his thick glasses. Only when he told me his name was Arnoldo, did I realize that this humble man, taking his turn at guard duty, was a member of the Chiefs of Staff, in charge of health and logistics. He was my boss.

We stopped talking and turned to look towards the south, to the huge carpet of lights that was metropolitan San Salvador. It was eerie seeing the city so close. Each time that view

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sprawled out before us, we felt even more acutely the need to see the day when we would march into the Plaza Libertad.

From the east, little by little, the dawn's glow snuffed out the city lights. Yes, life might be hard, but it was also as splendid as the silhouette of the black mountains sketched on the crimson horizon. But the serenity was short-lived.

Within a few hours, our troops were already clashing with the enemy on top of a big mountain, known as La Montañona. We spent most of the day in the trenches, grateful that there were no wounded to treat. By the afternoon, the sounds of combat died down and our makeshift base camp under the pines was soon filled with enemy soldiers who had surrendered.

The prisoners were rapidly besieged by young guerrilla fighters, who traded their worn-out clothes for the captives' fancy jungle-print uniforms, compliments of the Pentagon. Groups of *compas* bargained with each of the twenty-five prisoners for their shirts, pants, or boots while, at the same time, they collected M-16 rifles, grenades, backpacks, canteens, M-79 grenade launchers, and other materiel.

I didn't doubt that the treatment we reserved for prisoners was humane and correct, but I was surprised by how relaxed the atmosphere was. The enemy soldiers didn't even have their hands tied, and a few greeted the *compas* familiarly, this being the second or third time they had surrendered.

"We couldn't surrender until the lieutenant got killed. He was a hard-liner and said that he would shoot anyone who gave up," one of the captured soldiers explained.

A little later, some *compas* brought in an eighteen year old with a slight injury, a clean bullet wound between the thumb and index finger of the right hand. Jordano treated it, giving the youth a few stitches.

"This is nothing to worry about," Jordano told him. "Ten days and you'll be good as new," he said, and with his index finger, squeezed the trigger of an imaginary gun.

The *compas* who had brought him in burst out laughing. "He's not a *compa,* man! He's a prisoner!"

The next day heavy fighting started at dawn. Hoping to strike our positions, planes dropped rockets and bombs all over

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the pine slopes. We realized that, contrary to the previous day, we would probably need someplace to operate and access to water. We were deciding what to do when the first casualty was brought in by members of his own squadron. A rocket had exploded right next to him, lodging a piece of shrapnel in his abdomen. The young man's name was Joaquín. He didn't look too bad off, since he was still able to talk, and didn't seem to be in great pain.

Jordano examined him closely: the fragment had entered his left side, under the ribs near the navel. María took his blood pressure, which was still relatively normal. Upon finishing the examination, however, Jordano looked concerned. He took Jaime and me aside to tell us that we had to operate as soon as possible. The shrapnel had penetrated Joaquín's abdomen and it was very likely that his spleen was ruptured. At that news, Jaime ran off to notify the command post of the situation.

"But how are you going to operate without a scrub nurse or anaesthetist? You don't even have any retractors."

"I know, it's rotten, but we've got to try. That's all we can do." We went about starting Joaquín on an IV.

Suddenly we heard the Chief of Operations yelling: "MSU! Withdraw from the area! That means *now!*" The enemy was closing in.

Things started moving really fast. We didn't have hammocks to carry the wounded or machetes to improvise splints for the fractured legs of two *compas* that had just come in. Who knows how we did it, but we soon found ourselves on the other side of the mountain, treating the victims of a real bitch of an air raid.

Among the seriously wounded was a *compa* with a lung full of blood, due to a chest injury. Jordano began searching for a thick tube to use for draining; a nasogastric tube seemed most appropriate for getting the air and blood out in order to restore negative pressure in the lung, thereby allowing it to reexpand and compress the bleeding vessel.

Jordano was pessimistic. This method could only work if we raised the patient some three feet off the ground, so that a recipient could collect the draining blood. It was a question of

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physics—without this difference in levels, the drainage wouldn't work. So I took a knife and started digging a hole where we could put a canteen, the only receptacle we had at hand. Nearby, part of the logistics team was watching us, as much aghast as distressed. One of them, whose city clothes implied that he had recently arrived on the Front, helped me start the boy on an IV.

We emptied the first canteen-full of blood. Jordano remained uneasy.

"That's an important vessel to be bleeding like that. In any other circumstances, I'd already be operating on him, but here it doesn't make any damn sense. The *compa* with the spleen injury is a priority. We can still help him."

Once more I emptied the canteen. And again and again. The strained faces of the logistics men looking on mirrored the tension of the situation. Although they had no real knowledge of medicine, they understood perfectly well what was happening. It wasn't the first time for them. When the *compa* died, they buried his body in a nearby trench which had been half washed out by the rains.

"Death made him look like such an old man, but, imagine, he was only seventeen," one of them whispered.

Finally we received permission to operate at a place a couple of hours walk away—all downhill. The *compas* from logistics carried the wounded along the steep, rocky, narrow path. Maneuvering downhill is the worst; all the weight falls on the front bearer, pushing him irremediably forward. The person at the rear feels like he is being dragged the whole way, adding to the danger of tripping or falling. The swaying of the hammock furthers the instability, increasing the risk of dropping a patient altogether.

But we soon reached a half-destroyed house, used by the detachment as a kitchen, and quickly converted it into a miniature campaign hospital. In one room, most of the roof was still intact, so that became the ward where we placed the wounded, directly on the earthen floor, reserving the two rope beds for the most serious cases. One of these beds was soon transformed into a makeshift operating table.

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In order to take advantage of the daylight, we set up shop outside under a *guanacaste* tree. A twelve foot square perimeter around the operating table was declared the OR. We improvised a table for the surgical instruments with two boards and, on a nearby stone wall, laid out the other necessary materials.

Before we did anything else, we had to sterilize the instruments. We would need to put them in a closed tin container, and in turn, put that into a pot of boiling water. While some *compas* were off washing the instruments, I negotiated with the cooks for some space at their fires.

"You've got a lot of work, but I've got mine too," was the answer I got from Mayra, the head cook. "We have to get out some 400 tortillas for each meal. And when the *compas* from logistics come to pick them up, they damn well better be ready. The *compas* are out there fighting, you know."

We reached an agreement by taking some smoldering logs to start another fire.

"This is the first time I'm working the kitchen and the MSU at the same time," Mayra protested with a pleasant smile.

We divided up the work: Jaime would be the surgeon's assistant; María, the scrub nurse, with help from Arelí; Clara would look after the rest of the patients. I was petrified upon being assigned to anaesthesia, since the most I had ever done during an operation was to take vital signs.

"How much ketamine should I give him?" I asked Jordano.

"How the hell should I know? The anaesthetist always took care of that."

I recalled that the time when I had helped out, the anaesthetist administered the drug using a three cc syringe. But ketamine comes in three different concentrations.

"Well, what we've got here is the lowest concentration, so just give him three ccs and we'll see what happens," Jordano advised.

By then it was really late, almost 6 P.M. and Joaquín, the wounded *compa*, had been bleeding internally all day long. There was only about a half hour of daylight left, and all we could count on in the dark would be three flashlights with really

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low batteries. At the last minute, a *compa* produced a precious pair of brand new batteries. "Fucking A, man, terrific!"

Jordano was impatient. He started to put on his surgical gloves and asked María to watch closely because, on top of everything else, she had to learn to put her own on without contaminating them. The first time she tried, she inadvertently brushed her blouse, making the gloves unusable. We only had one pair left. Jordano explained the procedure to her again; following him step by step, this time she got it right.

María laid out the operating equipment on the "instrument table." The miserable collection included six hemostats, two anatomical clamps, two surgical clamps, a scalpel holder, and a suture holder. It was nowhere near enough for major surgery. There were no long hemostats, field clamps, retractors, intestinal clamps, or any of the other instruments normally required to do exploratory abdominal surgery. And as if things weren't bad enough, the scalpel didn't fit the only holder we had, so Jordano had to hold it with one of the hemostats.

"This is going to be a bloody mess," Jordano complained.

My anaesthetic supplies were equally paltry. Two or three bottles of ketamine, a couple of vials of atropine and diazepam; syringes and a blood pressure gauge, but no stethoscope; no corticosteroids or muscle relaxants; not even an ambu-bag or endotrachial tubes.

I administered the first dose of ketamine and we put Joaquín to sleep for the operation that had been so desperately delayed. Jordano spread sterile field sheets on the boy's naked abdomen. Since there weren't any clamps to hold them, he had to stitch them directly to the skin.

Joaquín practically leaped right off the table with the first stitch and almost tore off the field sheets. The others held him down, while I nervously administered a second and then finally a third dose.

Jordano explained his procedures to María so that she would learn the names of the different instruments and their function. When the incision had been made, Jaime used his gloved hands as retractors to hold the belly open.

The bed that we were using as the operating table was so

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low that Jordano had to bend way over to see what he was doing. We didn't have surgical robes, so he worked bare chested. We all used red handkerchiefs over our mouths as surgical masks and didn't worry about head coverings.

"Who needs a surgical cap anyway," joked Jordano to everyone's amusement; he was practically bald.

A small crowd of spectators gathered around the "operating room," bewildered and slightly disconcerted by all our shouting and wild gestures. As the operation progressed, they slowly crept closer, crossing the imaginary boundary we had established.

Jordano reprimanded them. "Get out! Can't you see this is an operating room!?"

We all doubled over laughing, while the *compas* stared at us as if we were crazy. Understanding the absurdity of a situation can sometimes be so relative!

One of the onlookers was called over to hold a flashlight. He was obviously affected by what he saw. "Good God! It's just like butchering a pig!"

Jordano had been right about the spleen being ruptured and since this was the critical moment, he ordered everyone to pay close attention. "Don't move that light! Make sure the anaesthesia is deep enough! Have those instruments ready!" It was very tense work. Jordano, swearing like crazy, performed quickly and precisely. What a pro that guy was! Once the spleen had been removed, he looked up. "OK, if he's hung on this long, he'll make it now, in spite of the botched-up job we've had to do."

He cleaned out the cavity with previously boiled water and made sure there was no other damage. Joaquín's blood pressure improved rapidly. I felt a flood of relief.

Closing the incision was a long, difficult process since we didn't have any muscle relaxants. Joaquín was resisting, even in his anaesthetized sleep, and repeatedly burst the stitches.

There was some confusion when it came time to hand Jordano the sutures; the lay nurses got flustered by the unintelligible mixture of Dutch, French, and German on the envelopes and kept mixing them up. Jordano lost his patience and ended

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up pointing them out with his elbow, in order not to risk contaminating his surgical gloves: "Not that one—here, this one."

After six weary hours, we were done. It looked like Joaquín would pull through after all.

Our audience had already gone off to sleep. Even the lay nurses disappeared as soon as the operating room was more or less picked up. Jordano and Jaime checked up on our patient in "recovery," and then left to get some sleep, leaving me on call.

Having spent so much time with Joaquín, we had somewhat neglected the other patients. Between serious and light injuries, there were about twelve in all. I heard somebody groaning and went to see what was happening. The poor guy had a multiple fracture of his leg and worse, it was poorly immobilized. I felt horror and shame. How slow and inexpert we were!

The next day a number of members of the militia came to take the wounded to the hospital. Joaquín was apparently in stable condition, but Jordano was worried.

"That kid is pretty strong considering everything he's been through; but if he doesn't get a transfusion, he won't last the day. There's nothing but pure serum running in his veins."

Soon our attention was elsewhere. We went back into our operating room with another patient, Reyes. The little experience we had gained as a team helped us work much more effectively and efficiently this time.

But our joy was cut short when word reached us that Joaquín had died on arrival at the rear guard hospital. Somebody cried out, "Fuck this shit!," while the rest of us fell into that sparse silence with which news like that is always received.

A few days later we abandoned that site, evading a heavy enemy attack. This time we walked for thirty-six hours behind enemy lines and managed to outwit them, suffering only one minor casualty—a bullet in the fleshy part of a *compa's* butt.

After the retreat was over, we insisted on a meeting with the party representative, José, to evaluate the experience. We were adamant about several points: do whatever was necessary to get the materials needed to make fresh blood transfusions;

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have the equipment and supplies on hand at all times for a MSU to face any emergency. But most of all we criticized him for sending six greenhorns, none of whom had previous MSU experience. We knew only too well that Joaquín and the youth with the chest injury had paid a terrible price for all these shortcomings.

José defended his decision, arguing that there had been no other health personnel available during the emergency. It was the cruel reality, part of the unequal conditions in which this war is waged.

But José, sensing our sadness, added, "Well, you've had your trial by fire. It's a bitch, but that's how you learn here, even if pain and death unfortunately have to be all too much part of it." Then he looked right at me, and said, "Just wait. You'll be one of the best damn anaesthetists the people's war has seen."

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Top: Discovering, learning and developing, so that they can come to have a say in their future. *Bottom:* Twenty minutes after an air raid, Julia, the head

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Top left: Who is more crucial: the one v
holds the flashlight, the one who prepa
the operating table, or the one who p
forms the surgery? *Bottom left:* When te
ache, we have to pull them—the
nothing else we can do. *Bottom center:*
"B-52," the rehabilitation hospital,
wounded still make vital contributio
Bottom right: Toughen ourselves, yes,
never lose our tenderness. *Top right:*
Jicarito, August 1984: Air raids cause s
fering and death, but they also strengt
our determination to work for a bet
society.

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A Shark Attacks Our Workshop

"Paco, did you see the plane?" Miriam, the health worker from Los Planes, anxiously asked me as I entered her house, one midday in early August of 1984.

"Yeah, of course. It flew right over my head."

"I wonder what the hell it was up to? It only made one pass and was gone. That's weird."

"Who knows. Perhaps it was an exercise; they probably call it 'practice in enemy territory.' "

Everybody in Los Planes was very upset about the low-flying enemy bomber. It didn't actually pass directly over the hamlet, but it came close enough to cause real concern. The people there had considerable past experience with air raids. Some six feet from Miriam's house, there was a big hole where a 500 pound bomb had fallen a little less than a year before. Although that one didn't explode, and militiamen had later dug it up in order to retrieve the explosive material, seven other bombs had maimed and killed several villagers during that same attack. Despite general nervousness, Miriam and I had a good talk that afternoon about her work.

I completed my visit and started back to El Jicarito where, for the past several weeks, I had been giving a workshop to the health workers from Los Planes and other nearby villages. The path twisted its way up a steep slope planted with sweet, young corn that showed promise of a good harvest. After El Jicarito had been destroyed during a government army offensive in November 1982, the population had returned and rebuilt it. They made their new homes, really nothing more than shacks, from wooden planks and scraps of zinc found in San Isidro and

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other abandoned towns. Experience had taught them to dig air raid shelters and trenches before considering their job done.

Early the next morning, Miriam and the other health workers installed themselves around a wobbly table in El Jicarito's popular clinic, ready for the workshop to begin.

"Let's review a bit. What did we talk about last week?" I started.

Embarrassed laughter.

"About 'that time of the month,' " Lilian, a fifteen-year-old health worker from a neighboring hamlet, finally ventured.

"How do we say that in medical terms?"

"The . . . period."

"Is there another word?"

"Menstration," Lilian responded a bit hesitantly.

"Okay, almost. Men-stru-ation," I spelled out. "Why do women have it?" I asked the others.

"Isn't it because the little egg didn't stick?" Luz, another teenage health worker, suggested.

"That's right. But where is it that it didn't stick?"

"In that thin skin, the one you said was so soft," answered Narcisa, one of the girls in charge of El Jicarito's clinic.

The review was going well; it was clear that last week they had been interested and had paid better attention in class than usual. At this point, Lidia, nine months pregnant and suffering from severe anemia, walked by, which gave me a perfect opening to discuss her disease and its repercussion on the fetus.

We had barely begun when suddenly there was a loud noise.

"The plane!" Miriam shouted, horror stricken. "The damn thing's getting ready to attack us here!"

She was still screaming as everyone jumped up. Glancing at the sky, in a fraction of a second, I saw a plane taking position to attack. I raced with the others, trying to make it to the trench about thirty feet away. We didn't even get halfway there when we heard the plane dive overhead, ready to drop the first bomb.

"Hit the ground!" someone shouted.

We threw ourselves down. For several devastating moments, all we heard was the terrorizing buzz of the diving plane

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and then, an explosion thundered inside each of us and, at the same time, a few feet away. The tall grass bent over us; a blast of air lacerated the long flexible leaves of nearby banana plants. In seconds, the plane pulled up to a higher altitude, roaring mercilessly. Reduced to nothing more than fear and the desire to survive, we seized the chance to make a run for the trench. At the instant in which I reached it and threw my body down, the earth shook with a tremendous roar.

"Shit! That one fell really close!"

Again the shriek of the plane and a spasm in the bowels of the earth. Several rocks, embedded in the trench walls, loosened and fell in. Shrapnel buzzed, slicing the air and the plants, like a sadist with a thousand razor sharp switchblades seeking victims.

I thought, "I'll never get out of here alive," and wondered for an instant which of the doctors was on duty at the hospital: if I got hit in the abdomen. . . . The earth soon shook again and the shiny belly of the plane, like that of a ferocious shark, streaked overhead. From that moment on I thought of the plane as The Shark, as in Willie Colón's song.

I lay on my back, wracked with anxiety, surveying the narrow strip of blue sky that the trench allowed me to see. We were so cramped together that my head was lodged in between Lilian's legs. I was feeling neither shame nor embarrassment. Perhaps this proximity somewhat consoled us in the midst of our vulnerability. The murderous Shark blanked out the patch of blue sky and showed its paunch time and time again. Lilian pleaded loudly: "Deliver us from this evil spirit. . . . God, make this demon go away. . . . Protect us, Holy Father. . .. I beg you and the Holy Virgin, make this damn thing leave!"

It wasn't her faith that impressed me so much as the realization that, by having it, she had a tremendous resource against impotence. The Cessna A-37 continued to hurl terror, trying to crush out our fragile lives and hopes with its hideous power. But soon the noise started to move in another direction. Now the plane was focusing death on another part of the hamlet. That might have been a relief to me, but how could it be, knowing that it was now Narcisa's and Luz's parents, my

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friends, and my comrades who were the targets of this savage bombing?

Suddenly the image of the United States Congresspeople who approve funds for anti-guerrilla struggles in faraway lands flashed through my mind. It was shocking to know that they refused to recognize what they were really financing: the destruction of the lives of girls like Lilian, Miriam, and the others, who were doing nothing more than trying to learn something about health in order to improve conditions for themselves and their neighbors.

Once the plane finally departed, the echo of its horrible buzz and the image of the Shark's dreadful belly hung on in our memories. Prudently, we waited. Would the plane come back? How much time had gone by? Twenty minutes? An hour? I couldn't erase the vision of the Shark from my mind. Everything became a blur; I didn't even know if there had been one plane or several.

In the first instant after I carefully emerged from the trench, the hamlet looked intact. But upon taking a few steps toward it, I noticed that all the banana plants had their leaves slashed and looked as if a hurricane had whirled through them. Then I saw a thick branch of a sturdy *sicahuite* tree, completely shattered by shrapnel.

With each step, the evidence of destruction increased. A bomb had blown half the clinic's roof off; its beams and tiles were shattered to pieces. The zinc walls were twisted and ruined. Inside, there was nothing but debris. Of the three houses closest to where that bomb had fallen, not even a post was still standing; they were obliterated by the force of the shock wave and the shrapnel. But strangest of all, there was not a single sound to be heard—absolute silence reigned. Surely there were wounded, but where?

Thoroughly scared, fearing that the terrible beast would return, the health workers and I headed towards the center of the hamlet together. Some 200 yards from the clinic, I saw that my patient Yanira's house hadn't been too badly affected, but just beyond it, all that remained of what had been five houses was scattered debris, vestiges of chairs, tables, clay pots and

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water jugs, all in pieces. Still nobody. Only the pervading silence.

Hate, fear, and sadness overwhelmed me. Several of the health workers spoke to me, but I don't know what they said. Without paying any attention to them, I numbly walked on, discovering that more of the houses and gardens, which had been so familiar to me, had been destroyed. Suddenly I stumbled over something at the base of a *sicahuite* tree. It was Melida, still spread-eagled on the ground, in shock and fearing the plane's return. She spoke to me so excitedly that I couldn't understand her. Her skin was covered with countless red blotches; her face was full of suffering and anguish.

At last, she got up and was able to make me understand that in the large ditch at the other side of the ruins, which minutes before had been her house, there were some injured *compas*. I went over to see. A woman who looked about thirty years old and a little girl lay dead. Their bodies showed neither gashes nor wounds, but instead were grotesquely crumpled up from the force of the shock wave, like thin pieces of paper. I didn't recognize them. They had probably come from a nearby hamlet to sell custard apples, for next to their bodies, baskets and fruit were strewn on the ground.

Just then, I heard someone shouting my name. It was Jonson, the *compa* in charge of health in the local PPL committee. He was hurrying along a narrow path, carrying a child, about eight years old, in his arms.

"Over here, Paco, hurry! It's Reinita. She's real bad." The *compa's* voice neared hysteria. The girl was Jonson's granddaughter, and I knew how much he loved her.

At that same moment, another *compa* caught up with me, asking me to go see Lola, Leonardo, and Genaro's old sick mother.

"Her throat's slit, you'd better hurry."

The initial shock had passed. Now things happened rapidly. Miriam ran to see to Reinita and I rushed off to tend to old Lola.

The bomb had hit a huge banyan tree right outside the old woman's house. The tree, whose main branches had measured

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some five feet in diameter, was reduced to a bare trunk. Nearby, Leonardo's mother lay on the ground of her house, which had been simply blown away. Another elderly woman, who had been fortunate and managed to find protection by wedging herself between two huge boulders, told us that Lola had mustered the strength to get up from her sickbed, but the bomb had exploded before she could reach safety. She was over seventy years old. Leonardo, the son with whom she lived, hadn't been home during the bombing. Like most of the men, he had been out in the cornfield.

I examined her. A fragment had wounded the poor woman only superficially, but she was in shock, her lungs full of exudate on account of the damage from the shock wave. Barely conscious, she only groaned and stared straight ahead. I gave her an injection to relieve the pain.

"The injection will give her strength," Leonardo half stated, half asked.

"No, it'll just ease the pain."

His brother Genaro, the militia chief, arrived on the scene shortly after. Looking at his mother, he asked me, "How is she?"

I shook my head to tell him that there was no hope.

"We're going to gather the wounded at Orlando's house a little outside the village," he told me. Next, he turned to his brother and, after a moment's hesitation, said, "Leave her here, then."

He quickly withdrew in order to continue organizing the evacuation of the wounded. I was sure he had had to master his feelings. At that moment, he couldn't respond to his mother's situation alone, but had to act as the son of the whole people.

"We're not going to move her?" Leonardo asked sadly.

He was the bachelor son, the one who had carried her on his back in the *guindas* until he had found some safe place to hide her. His expression was neither dramatic nor tragic, just sad.

"No, *compa*. She's got very little time left. Stay with her. She's going to need you."

I then hurriedly left Lola to Leonardo's care. As I climbed the hill that took me to the center of the hamlet, my hatred and

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rage grew. The slopes were covered with *compas* evacuating wounded; scattered along the path, every so often, were the dead remains of chickens and roosters, the people's sole wealth. Behind Yanira's house, members of the militia were digging out a caved-in *tatu*.* I didn't stop. I wanted to get back to Miriam and the child, Reinita, as quickly as possible.

"What took you so long? She's dying on us. Miriam was at a loss what to do," Jonson said to me when I got there.

Leaving her in her grandfather's arms, I uncovered the girl so I could examine her. She was suffering intensely, but was still conscious and talking normally.

The skin and the first layer of muscle of almost her entire back, the entire lumbar region and most of the dorsum, had been blown away. The spinal column was exposed, visible from the sacrum to the shoulder blades, and miraculously intact. I could count each vertebra and see the white ligaments between them. What remained of the muscles was covered with dirt and bits of grass.

I was horrified, uncertain how to proceed. The bottles of sterilized water that we kept in the clinic to wash wounds had been smashed in the raid. Luz brought a big jug of drinking water. Aided by Jonson, his wife, and Luz, who held the girl down, Miriam and I proceeded to pour the water over the child's open back to clean off at least a little of the dirt. Then we wrapped her in clean rags, in order to send her to the hospital where they would do an adequate cleansing. The child wrestled and screamed, calling out for her mother and invoking help from God. Two militiamen arrived carrying a hammock slung on a bamboo pole to transfer her to Orlando's house, but I insisted that they take the child directly to the hospital. Luz accompanied her with more analgesic for the journey.

When I got to Orlando's house, the militiamen were preparing more hammocks, while the health workers were tending the wounded. All the villagers that could were partici-

*A concealed hole in the ground, used either as an air raid shelter or as a hiding place for food, medical supplies, arms, and other valuables. *Tatus* are also used for concealing wounded and disabled people, as well as children and the elderly, during *guindas*.

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pating in one way or another. Some *compas* brought boiled water, while others found horses to transfer the less critical cases. Narcisa took care of her twelve-year-old brother, who had been hit in the Achilles' tendon by a piece of shrapnel while running to a trench. He had spent the whole air raid lying on the ground where he fell, his foot bleeding profusely.

There were others less seriously wounded: a four-year-old boy had been struck in the head but luckily didn't receive any cranial lesion. His father, who had just left the hospital after recovering from wounds suffered in another bombardment, was also bleeding.

"Twice now, God has granted me life!" he exclaimed.

Once the wounded were on their way to the hospital, I learned by talking with Orlando that I hadn't yet been aware of the magnitude of the tragedy. Reinita was the only survivor of a *tatu* where Lidia, her mother, three brothers and sisters, and two other *compas*, Ernesto and Lupe, had all died. It was Lidia who that very morning had prompted our discussion of anemia and its effects on the fetus. They had seen the plane coming and had run to a shelter, which proved too small for all of them. Ernesto remained half-exposed in the entrance, which undoubtedly had allowed the pilot to locate the group and target a direct hit. But, what accounted for wounds like Reinita's? The shock wave? The *tatu* caving in? Shrapnel?

Later, when I was back in the center of the hamlet, I took a closer look to try to figure out what had happened. There were practically no craters or big holes, which made me think that the enemy had not used conventional bombs, which explode on ground contact and plunge deep into the earth on impact. Shrapnel from those rebound upward to form a kind of upside down umbrella of flying metal, from which you can usually escape harm by just lying flat on the ground. No doubt, this time we had been subject to an attack by bombs "with a stick on the nose," as the *compas* describe them. These bombs have a contact bar in front, activating them at the slightest friction of matter against the bar, often before the bomb itself hits the earth, which explains why they leave no craters. When they do explode, the shrapnel rains all over the place and spreads out

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horizontally like an immense sea of red-hot metal, razing everything in its path. Furthermore, the shock wave of such a bomb has greater range and force; it is almost impossible to escape the impact, unless you are in a trench.

These treacherous devices are aseptically called anti-personnel bombs. It's rumored that one of the Yankee advisors in El Salvador is claiming his patent rights on it. True or not, it was overwhelming to see the effects of such genius placed at the service of death.

Some of the survivors started to rummage through the ruins of their dwellings, looking for anything salvageable. As poor as these people had been before, they were now reduced to pure misery.

Suddenly I heard Melida calling to me from a semi-destroyed house, where she and her family had taken refuge. I walked over to see how she was.

"The bombing wasn't enough for you, was it? You still had to trample me," she said laughingly recalling our encounter after the raid.

"What are those blotches on your skin?"

"Just think, I spent the whole attack behind that *sicahuite* tree. I didn't dare move an inch for fear that they would detect me. But the trunk was infested with ants and I had to put up with swarms of them biting me all over. When the bomb fell that killed that woman and the little girl, I got covered with dirt. I'm only alive thanks to God and that *sicahuite* tree."

Later, a little further up the hillside, the militiamen were repairing Yanira's slightly damaged house.

"We have to get it fixed up. A lot of people are going to sleep here," one of the *compas* explained.

The bodies of the victims—Lidia, her three children, Ernesto, Lola, and Lupe—lay on the porch of a semi-intact house nearby. A little to one side were the cadavers of the two fruit vendors. All of them were wrapped in patched blankets, and adorned with flowers and fresh cut boughs; two candles, which kept going out every couple of minutes from the breeze, were placed next to them by the villagers to honor them.

People arrived from neighboring hamlets. The men were

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up on a nearby hilltop digging a communal grave; the women prayed and wept.

Their sobs grieved me but, at the same time, surprised me. Until then, I had only witnessed funerals in the hospital. There, the suffering was converted into political rage and subliminated. Discipline and self-control were ever present. What was the meaning of this openly emotional response to death?

"We don't cry over fallen guerrillas, we follow their examples in combat!" we shouted at combatants' funerals. Despite the undeniable truth of this slogan, it didn't completely dry the tears in our eyes.

In the hospital, as well as in the combat units, most people realized that, unfortunately, we were obliged to live surrounded by death, possibly even our own. Ours is a collective path; armed struggle was the ultimate measure we were forced to take to spare our loved ones, and all the people, from future suffering.

The civilians were also deeply convinced of the need for that struggle, and they, too, had paid a high price for it. But they lived more in harmony with nature, their labors following the seasons and the cycle of planting and harvesting. They bore children and maintained as normal a family life as the war allowed. Their arms for social change were the machete, literacy classes, and health education. In moments like these, the tragedy, the feelings of impotence and pain overwhelmed them. They were almost at the breaking point.

A *compa* approached me. "Can't you operate on Lidia, Paquito?"

"Why?" What could she mean, I wondered to myself? Lidia lay there on the porch, silent in death with the others.

"To take out the unborn infant, so God can welcome its little soul."

In three years of war, no other request wrenched me more than this one. Even though I don't believe in God, I couldn't bear her suffering so.

"Don't worry, *compa*. Things are in God's hands now. We don't have to worry about that."

I went back to the half-destroyed clinic. Orlando's neigh-

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bor Demetria and her weakened and emaciated mother, already over eighty years old, came to share their grief with me. The old woman lay down on the ground, refusing the stool I offered her. Ernesto, who died in the bombing raid, had been her only living son. While Demetria and I tried to overcome our shock by recounting the enemy's ruthlessness, tears ran down the aged mother's wrinkled face, dampening the Chalateco soil.

Then in the late afternoon, the people, some crying, others silent, filed up to the top of the hill to bury this day's dead. The bodies of the children rested next to their mothers in the common grave. Someone reminded the militiamen to protect the faces of the dead; one of them lowered himself into the pit and covered each head with pieces of rusty zinc, so the fallen would be recognizable at the Last Judgement.

The weeping grew louder; different songs were sung. Genaro shouted only once, "Revolution or Death!" and some of the people responded, "The triumph will be for the people in arms!" Then the men took shovels and machetes to fill the grave with dirt and complete this sad chapter of their lives.

In small groups, we slowly descended the hill. From the trail we could see the Sumpul, snaking in and out of the lush green lands below, lands which only the blood and the determination of the people have made it possible to control.

That night, guard duty was doubled in the event that the morning raid might have signalled an enemy invasion. When my turn came, I could still hear the rhythmic crunch of the millstones in the darkness as the women laboriously ground corn into flour, destined to be mixed with sugar as a food reserve in case of a *guinda*.

Melida's husband handed me one of the hamlet's two weapons. I checked to see if the rusty old rifle was loaded. If the enemy attacked, I was sure it would jam by the third or fourth shot. Was it for miserable weapons like this that these civilians were considered "belligerents," to be murdered in bombing raids like the one we had experienced that day in El Jicarito?

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Even If We Have to Become Monkeys Again

It was the end of August 1984, and the crop was ripe in almost all the cornfields. In the hotter, low-lying areas of the controlled zones, the *compas* had already bent back the stalks, without breaking them off completely, so that as the corn finished maturing, it would be protected from the rains.

"That's the way we've always done it," one of the *compas* explained to me on the way to the orthopedic hospital.

That night a group of us gathered on a small porch outside the operating room. Longing to unwind a little, we chatted casually, sipping coffee and munching on sweet rolls, wishing time could stand still. I was on vacation and had returned to my second home to spend five days reading and relaxing—a real luxury under the circumstances.

I was in good company: in addition to Diana, there was Arturo, the head of the hospital; Federico, the visiting acupuncturist, and the two *compas* who had come with him. Federico told us about amazing enterprises undertaken by the Vietnamese that helped them defeat the Yankees in the south. They had billeted whole detachments underground and constructed subterranean hospitals, infrastructures demanding terrific discipline in order to avoid detection by the enemy. We felt deep admiration for this people, convinced that they had deserved to win. Yet, at the same time, we wondered how we would liberate ourselves if the Yankees did indeed invade us, since they were already so well-informed about guerrilla

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tactics. Suddenly it began to pour, a sweet and violent rain that brought us even closer together.

Through the torrents of water, we made out three figures approaching, wrapped in what appeared to be long cloaks, giving them a somewhat medieval appearance. As they drew nearer to greet us, in the yellow candle light, we recognized Evaristo, who at that time was the municipal political officer, and two other *compas* from the Subregional Government Council. They were thoroughly soaked, despite the plastic sheets they had held over their heads and shoulders.

"We've got an emergency on our hands. The enemy's broken through as far as El Tamarindo," Evaristo hurriedly announced.

"El Tamarindo!"

"And the hospital?"

"Information is sketchy, but it seems they were able to evacuate this afternoon. We were in a meeting in Conacaste when we got the news and they sent us to sound the alarm."

"Have you eaten, *compas?*" Arturo asked.

"Yes, thanks. We had supper in Huizúcar. We're off now to Patamera. We've got to warn everyone."

They said a hurried goodbye, and departed into the muddy, rainy night.

Arturo was an ex-combatant who, after having been disabled with a severe back wound, which partially damaged his spinal column, had become a lay nurse and anaesthetist. With the news of the enemy action, he immediately started with Diana on preparations for our departure the next morning. Our land mines and other defenses would prevent the enemy from advancing rapidly, so we judged that we still had that night to rest. However, as our little group went to sleep on the earthen floor of the porch, we worried about what tomorrow might hold in store for us.

At daybreak, the hospital became a noisy flurry of activity: wounds were dressed, emergency first aid kits were distributed, and medicine and surgical materials were quickly hidden in *tatus* along with the reserves of corn, beans, and other foodstuffs.

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Messengers were sent to the Military School and the PPLs asking them to send enough porters to transport the hospital's more than twenty bedridden patients. Since this was an orthopedic hospital, the majority of the patients couldn't walk. Diana took pains adjusting tractions, applying fresh casts, and immobilizing limbs with pins, in order to ensure that during the move, several weeks' treatment and immobilization wouldn't come undone.

Suddenly, several lay nurses from the El Tamarindo hospital appeared, followed by porters carrying patients in hammocks. Within a few minutes, the confusion that typically reigns over a hospital as it hastily prepares to evacuate was doubled by the arrival of yet another contingent of tired and hungry personnel and patients, already in retreat. The last person to arrive on the scene was Tomás, the head of the retreating facility. He was another ex-combatant turned lay nurse as a result of a wound—a lesion to a nerve in his right leg which still caused him to limp. Although he might never return to active combat, at least with a gun, there was no doubt about the strength and vitality of his commitment.

Somewhat overwhelmed by the confusion, we were nevertheless relieved to see all the *compas* safe and sound. They told us that they had been forced to evacuate in a tremendous hurry when the enemy took the hills above El Tamarindo, which overlooked the hospital.

During the past two years, the enemy had rarely invaded Chalatenango, and when it had, the offensives hadn't caused any significant damage. *Guindas* had become easygoing hikes, all but convincing us, despite the constant warnings from the command, that our territory was not only controlled but actually liberated.

Now Tomás was relating how the enemy, taking advantage of our inadequate surveillance, had penetrated as far as Las Flores, deep within the rear guard. Once there, they had launched a mortar attack, a tactic which typically precedes an infantry advance. The first projectile had fallen on the people's store in El Tamarindo, killing a baby girl, born only two weeks before to Irma, the shopkeeper. A spotter plane had then

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circled the area to detect movement and give a fix on houses and other targets. One of the *compa* radio operators intercepted an ominous enemy transmission from the pilot of the circling plane: "I've located the hospital. Send in the bombers."

On hearing that, the *compas* had immediately taken off, running to the hospital, which was a good twenty minutes outside the village, to sound the alarm. Simultaneously, word came that the enemy was taking the small chain of hills that divides El Tamarindo and Las Flores. The bombers could be there any minute, maybe even before the *compas* could reach the hospital. There was no time to lose.

But the hospital was alerted in time, and those who could walk had taken shelter in a nearby ravine. The critical patients were immediately transferred to the hospital trenches, while Tomás and Jaime went about preparing hammocks for them. Everyone spontaneously grabbed whatever materials seemed most appropriate. The lay nurses stuffed medical supplies into their knapsacks; Alex, the surgeon, loaded up the largest kit of surgical instruments, sufficient to perform abdominal surgery; Lisa, the anaesthetist from the National Resistance, one of the five parties in the FMLN, grabbed the ambu-bag and some pharmaceuticals essential for her work. Carlota, the cook, packed the sugar reserves.

Once the hammock patients were evacuated, two *compas* went back to the hospital and did their best to hide whatever materials remained. Since no one had anticipated such a full-scale invasion, the hospital was well stocked with impressive reserves of pharmaceuticals, surgical equipment, and intravenous fluid, far more than what daily or even weekly needs justified. There wasn't enough time to conceal everything in the hospital's *tatu*, which was now too far away anyway. So they just tossed everything into a hole created by a caved-in air raid shelter, then camouflaged the lot with branches and hoped that the enemy wouldn't find the stash. In addition to the medical material, in went all the corn and bean stocks, along with batteries, salt, and other supplies. There hadn't been any time for regrets.

Under the circumstances, the hospital staff couldn't count

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on the usual help from civilians to transport the wounded. The instant the people had realized the danger, they fled their houses, leaving their possessions behind. Although the hospital had several horses, these anemic, emaciated animals, covered with bites from blood-sucking bats, were out grazing in a far-off pasture at the time of the evacuation.

The less critical patients, including those with minor foot, leg, or head wounds, together with two *compas* who were recuperating from hernia operations, had no choice but to walk. Everyone on the staff took turns carrying the hammocks. Some lay nurses lasted no more than 600 feet before pleading to be relieved, or even worse, before dropping the hammock. That's how it had gone. Slowly but steadily, they had advanced along the muddy, rain-soaked paths, which became increasingly difficult in the growing darkness. Just before dawn, ten hours after leaving El Tamarindo, they finally reached the Sumpul river, normally just a two hour walk away. From there, local peasants had helped them make it the rest of the way to our orthopedic hospital.

Just about the same time as the arrival of everyone from the El Tamarindo Hospital, a platoon from the FAL unexpectedly arrived with wounded they had been carrying for over two weeks, all the way from the Para-Central Front, east of Felipe Peña. Despite the increasing confusion, we were glad to see the *compas* had arrived safely, especially since they had a radio, which we expected would make it easier for us to track the enemy's movements. From a hilltop, we immediately attempted to contact the Chiefs of Staff, but with no results. Hour after hour, the radio operator patiently tried to establish communication. Nothing.

Little did we know that, at that very moment, the Chiefs of Staff were racing down a gully, running for their lives. Without warning, the enemy had come within a few hundred yards of their camp. The *compas* detected them just in time, and had organized a hasty retreat, although typewriters and other valuable equipment had to be abandoned.

It was now obvious: our territory was being completely invaded.

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Lacking further information, we decided to begin actually evacuating the hospital. Just then we heard shooting nearby. A helicopter made an overhead pass, low enough for us to see the soldiers manning a machine gun through the open door. Fortunately, their fire wasn't aimed directly at us, but the sound of the engine and the shooting continued for some time.

Ten minutes after the noise died down, Blanca came running in with a couple of other *compas*.

"What are you doing still here? Don't you know that the enemy's just over in Huizúcar? They attacked a crowd of us with heavy fire as we were crossing the river there. We managed to escape because we were up front, but many couldn't get away. We're worried about what's happened to Jessica, María Chichilco, and Juana. They were in the thick of it with lots of others."

Everyone she named was important to us. Juana was the head of hospitals, while Jessica was in charge of the whole health sector, and María was a well-loved and respected party representative.

We were hard hit by this news, yet we had to finish packing and hiding the last of the supplies. All the while, we wanted to hope that the women hadn't been killed. Surely, some twist of fate had allowed them to escape. A hollow feeling, a horrible, sad tenderness overcame us. But this was no time for speculating. We had to get our people to safety.

I fetched my knapsack as the last group of patients was leaving. Among those fleeing was Virginia, a nine-year-old girl suffering from third degree malnutrition who had come to Chalatenango from the Felipe Peña Front with her mother and many other civilians in search of a more peaceful life. Her bloated legs were covered with sores. She was filthy and dressed in grimy old clothes. The staff had never succeeded in getting her to bathe herself or to allow us to do it, despite all our insistence.

Crying softly to herself, she walked slowly on her painfully distorted feet. Why hadn't she been evacuated with the first group? Clearly someone should be looking after her, I thought, but when Arturo ordered me to take care of her, I wanted to

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hide. Yet I knew his command was only right, and I couldn't get out of it.

"Come on, Virginia," I said, reluctantly giving her my hand.

She painfully walked a few more steps, still whimpering. I knew we would never get anywhere like that, so I grabbed her by the waist, hoisted her onto my shoulders, and hurried to catch up with the others.

I could smell the rancid odor of dried urine coming from her and feel her mucky grime sticking to my neck. The rejection and repulsion this little girl brought out in me made me feel like a real son of a bitch, but her slippery filthy hands were in my hair and on my forehead, and the stench was awful! Luckily, we were going downhill. I tried rationalizing my feelings, telling myself that my people were well-educated and overfed, and this was a way of repaying just a fraction of my debt to the hungry of this world. This thought eventually helped alleviate some of my disgust, but by then she was starting to get heavy. Although she appeared to be nothing more than a bag of bones, it was amazing how much all that water in her bloated body made her weigh.

Our disciplined column of hobblers, wounded, and porters was now climbing a steep slope, which offered no more protection than high grass and a few scattered trees. We eventually reached a relatively intact little house and were met there by Guillermo, a tall, broad-shouldered man wearing a wide-brimmed leather hat. I followed him along with the least operative of the group, those who couldn't walk, while the rest went on in search of refuge in a different direction. The burden of Virginia, meanwhile, had been assumed by another *compa*.

It was now getting late. Night was creeping over us as we made our way along the difficult path. Fortunately, Guillermo knew the terrain like the back of his hand. He proudly told us how, during the first years of the war, he had fixed up several caves for just this kind of emergency.

"You'll soon see just how nice I fixed up the one we're headed for," he commented proudly.

For the most part, caves had a bad reputation as shelters

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since they were usually hot and uncomfortable, and water was always a problem. But Guillermo argued that this one was different because he had installed a bamboo pipe system which allowed air to circulate and prevented humidity from accumulating.

Finally we arrived. The mouth of the cave was so low that one of us had to crawl inside and drag the wounded in, one by one. Once in there however, we had enough space to stand in. The cavern even had a second floor, a loft constructed out of bamboo poles. Unfortunately, the structure had begun to rot in the humidity and was now about to topple over. There were forty of us in all, and still there was room for more. As our eyes adjusted to the darkness, we made out the forms of big containers of water, drawn from a nearby creek. What a relief not to have to go thirsty all night!

As soon as we got settled, the *compas* from El Tamarindo huddled together in little groups and went directly to sleep. The rest of us got busy organizing guard duty, which I was particularly interested in, since I was beginning to feel a burning fear inside me. If the enemy discovered us, we would be caught like rats in a trap. One or two grenades through the mouth of the cave would be more than enough to kill us all. The enemy would have to be blind not to see our tracks in the brush, I worried. I was assigned to the fifth watch.

After that, I finally settled down for a few hours of sleep. It felt warm enough not to need a blanket. I awakened some hours later to the dripping sounds of rain. I didn't remember where I was at first and wondered how I was going to keep myself dry. As I began to feel the raindrops, it seeped into my consciousness that we were inside a cave. Were the walls leaking? I eventually realized that I wasn't feeling rain at all, but rather drops of condensation; forty people breathing in a confined space, added to the natural humidity of the cave, had caused big drops of moisture to fall. I moved my pack into a corner where it wouldn't get wet and went back to sleep.

When it was my turn to stand watch, I picked up my already loaded M-1 carbine. My partner had a G-3. Except for an M-16 that one of the sleeping *compas* had, that was the extent of our arms in the cave. We spent at least half our watch

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groping through the craggy darkness, looking for a spot that would allow us to observe several different points from which the enemy might try an approach. The search was reassuring for some odd reason and helped steady our nerves. Though we never did find a good lookout, the night passed quickly and uneventfully.

The following day we received good news: the enemy hadn't followed us. Instead, once they had crossed the river, they had turned their focus on another area. Hot, wet, and thirsty, we all crawled out of the cave, and in relief, sat down near the entrance. The patients feasted on tortillas and canned sardines, while we each took out our sugar and corn flour rations. I had seasoned mine with sesame seeds and instant coffee to make the meal more appetizing as well as more energizing.

We were informed that, although the enemy was retreating from our side of the Sumpul, it was only in order to intensify its invasion on the opposite bank. We still had no radio contact with the command. Arturo decided to regroup back at the little house and send a small party, including myself, back to the hospital to check out the situation.

We still knew nothing more about the *compas* who were reported missing after the attack on Huizúcar. It was surely they whom the enemy had been pursuing before retreating to the other side of the Sumpul. The stories of those who had escaped the attack didn't raise our hopes. The enemy had opened fire precisely when a mass of people had gathered on the suspension footbridge over the confluence of the Hualcinga and Sumpul rivers.

"With my own eyes I saw María and her husband go down. They were left bleeding right there on the bridge," someone said.

Some people despaired, but the majority of us rejected the rumors, waiting for confirmation. We were also worried now about a group of wounded *compas* who had been scheduled to be exchanged for captured enemy army officers on the same day the invasion began. The exchange was to include fifteen disabled *compas* from each front. Our contingent was to gather

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near El Zapotal, where the International Red Cross would then take them under its protection. What had happened to them?

The first person to come out of hiding and bring us some apparently reliable news was Reyes, a combatant we had operated on the year before. He had been on leave, visiting his family in El Tamarindo, and thus had gone on *guinda* with the civilians.

His version confirmed the rumors that lots of people had died in the turmoil at the bridge. His group escaped up along the Hualcinga river. Unfortunately, several hours later they ran into the soldiers again. Since he was the only person to be armed with a gun, he fell behind to cover their retreat. However, it wasn't long before he heard more shooting and a confusion of screaming voices. No doubt, his group had run into the enemy once more. There was no chance of survival for that defenseless group of women, children, and elderly people. In the end, all Reyes could hear were soldiers' voices. There wasn't anything else for him to do, except make a run for it. He was convinced that his own mother and sisters had died together with the others. His expression wasn't exactly sad; he just looked as if a light had gone out somewhere inside him. When he finished giving us his news, he withdrew to a nearby stone wall and sat there alone, quietly and impassively eating tortillas.

Soon, to our relief, Jezabel, the doctor at the recovery hospital, turned up with her husband, Simón. We listened eagerly to what had happened to them. The attack in Huizúcar had taken them, along with Juana and the others, by surprise. The gunfire was so fierce and their reaction so spontaneous that Jezabel and her husband fled, leaving behind their six-month-old son who, although they didn't know it at the time of telling, was later picked up by Juana. They were distraught, thinking about what might have become of their little Derruti.

That afternoon, we set out with a group of *compas* from the Military School to search for survivors. Before long we reached the recovery hospital, and from there, we entered the area where the attack had taken place. For several kilometers all we saw were the *compas'* tracks in the brush and the leftovers from

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places where the enemy had planned ambushes: empty meat and vegetable tins, the remains of canned fruit cocktail, and Libby's tomato juice, all compliments of the Yankees. It was obvious that the enemy had combed every square inch of the zone, making us doubt we'd find any survivors. Simón showed us some brambles where he and Jezabel had spent the first night in hiding, barely a few yards from an enemy guard. We found knapsacks scattered about which had been abandoned by the *compas* in their flight.

We divided into two groups to continue searching. At a crossing of the Hualcinga River, my group noticed pieces of cloth on the bank. Soon more pieces, stuck to a rock in the middle of the stream, caught our eye. Taking a closer look, in the dimming sunlight, what appeared to be a corpse was trapped in the strong currents. We grabbed sticks, to keep our balance in the rushing waters, and waded out to investigate further.

I don't want to talk much about that bloated, discolored body, already dead for several days and beginning to decompose. Eyeing it closely, but never actually touching it because of some irrational fear that overcame me, I distinguished a necklace made from unusual seeds. The beads reminded me of someone. But who? Was this the body of a fat person or just a bloated corpse? Once we had crossed the river, we continued with our search on the opposite bank.

My companions hadn't recognized the dead person either. But suddenly, in the falling darkness, the face of Irma came to mind, the shopkeeper in El Tamarindo who always wore a seed necklace. Poor Irma, I thought, first they murdered the baby that she had awaited so cheerfully, and then they killed her. When I used to go to buy sugar, or some bouillon cubes to dress up a poor man's soup, she would tell me how happy her little girl would be, growing up in an already liberated country.

We didn't know until much later that, if we had crossed a little farther up river, we would have found the bodies of some thirty more civilians from El Tamarindo.

Ours wasn't the only search party; other groups from the Military School were also making sweeps. The following day,

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they found Concha, the only survivor of Reyes' group. They brought her to the hospital for treatment. A bullet wound had created a recto-vaginal fistula, destroying the urethra as well—a really ugly wound with serious potential complications.

Little by little, people had begun coming back to the hospital. The ambulatory patients came back under their own power. Radio contact had been reestablished with the command. Things seemed to be getting back to normal.

At midday, Noé, one of our surgeons, and Juana came out of hiding with little Derruti and some other *compas*. What a relief! And they brought us good news: both María and Jessica had survived, too. In fact, hard as it was to believe, and despite erroneous versions of the incident, only one *compa* had been killed in the savage attack on the bridge itself. This was the first really encouraging news we had heard.

Noé was on his last legs. He told us that a few days before the *guinda*, while he was accompanying a seriously wounded patient across the Cerrón Grande Reservoir, their launch had capsized when a sudden storm blew up. His foot had got caught in the weave of the patient's hammock, and they went down together in the waters of the lake. The patient couldn't possibly save herself, and Noé had been on the verge of using his .45 pistol to kill her out of mercy and commit suicide himself, when his foot suddenly broke loose. When he had surfaced, he grabbed hold of some aquatic plants and managed to struggle to shore. By the end of the week, though, he had developed malaria and, as if that wasn't bad enough, he also started suffering from a diarrhea which was resistant to all treatment. By the time he reached us, he looked like a scarecrow. No wonder he was exhausted now.

The military situation was still precarious. We were more or less expecting the enemy to attack our side of the Sumpul, so we were awaiting orders from the *compas* at the Military School who were now in charge of the zone.

In the meantime, Concha obviously needed surgery. Despite grave misgivings on everyone else's part, Diana insisted on closing the fistula right away. The other doctors tried to convince her simply to administer strong doses of antibiotics

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until the military situation improved. Furthermore, Arturo, as head of the hospital, considered it inopportune to remove the necessary materials from the *tatus* yet. But there was no reasoning with Diana. We even tried telling her we wouldn't assist her in the operation, but she only retorted, "OK, then I'll do it alone!" We emphasized how critical the military situation was. But she again refuted our arguments saying, "My stepfather was a colonel and I never respected him. I've never bought that military line before and I'm not about to start now!"

Finally Arturo consented. Yet just when Lea, her favorite scrub nurse, and Arturo, now acting as anaesthetist, had everything ready to begin, we got word that the enemy had begun advancing in our direction.

"This will be quick. They can't move faster than it takes to sew up this vagina," Diana responded.

The operation wasn't quick, or easy. The tissues of Concha's vagina were badly destroyed. The surgery was further slowed because Arturo had decided to administer minimal doses of anaesthesia, thinking that it would help avoid complications during the retreat. However, the doses were too small and Concha became so restless that he finally had to put her into a deep sleep.

Meanwhile, the *compas* at the Military School had no idea that all this was going on. Whenever they issued orders to evacuate, they assumed that we were all ready to mobilize rapidly. They couldn't possibly imagine that their orders would be subject to the termination of a delicate operation and that our retreat would be seriously hampered by a heavily anaesthetized patient.

But that's exactly what happened. About an hour later, a messenger brought strict orders to withdraw immediately. The Atlacatl Battalion had attacked the bridge over the Sumpul and was crossing the river not far from us. For the time being, a platoon of inexperienced *compas* from the School was holding them off, slowing down their advance. But the enemy was probably no more than 40 minutes away.

Diana insisted that she only needed five more minutes to finish suturing. Mario, a doctor and self-appointed leader,

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shouted at her to get the patient out immediately, but she continued working, without even so much as glancing up at him.

As soon as she had finished, in no time flat, Diana peeled off her gloves, threw the bloodied equipment in her pack and slung it over her shoulder. Mario grabbed up the ambu-bag with his free hand, while in the other he held the walkie-talkie which was instructing him to move without further delay. The enemy was closing in fast.

Noé and I placed the heavily-drugged Concha on a stretcher, since there were no more hammocks to be had, and together we took off. It was a constant juggling act to keep our patient from sliding off. If I were given a choice, I would gladly carry a hammock ten kilometers anytime, before ever having to go one kilometer with such a stretcher.

When we reached a stream, we saw an 0-2 spotter plane, which launches rockets with great precision, circling menacingly above us. Ahead of us, we still had to climb one more treeless hill, which offered no protection other than high grass and small bushes. Suddenly, several A-37 bombers appeared overhead, too. All bunched together, our column made an easy target; however, we couldn't separate now because the movement would attract the planes' attention. All we could do was crouch down and try to conceal ourselves as best we could. Just as we were settling Concha in a protected spot under some brush, we noticed two other severely wounded *compas* in hammocks out in the open. They had been abandoned by their porters. Taking advantage of the planes' temporary absence, we ran to fetch them and hid them under some trees near the stream.

The long column of patients, personnel, and porters who had left the hospital before us was slowly creeping up the bald hill ahead of us. I was sure the planes would detect them, and us, too. "We're done for," I thought. I was so scared I could practically taste death. Norberto, one of the wounded *compas* who had been abandoned, when he saw how nervous I was, kept telling me, "Take it easy, man." He certainly didn't want me to run off and leave him behind a second time.

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To our great relief, we soon noticed that the planes weren't focusing their attention on our area but had concentrated their attack on the other side of the hill. They began firing more or less at random at what they supposed were our positions, in order to ensure the advance of their infantry.

This gave us a chance to reorganize the march, but we now had two more hammocks to carry. Seeing a column of *compas* from the Military School approaching, I asked the chief if he would assign some men to us as porters. Just then the spotter plane circled overhead again, so we had to quickly crouch down once more.

After that danger had passed, I realized that the group from the School was moving out, which would leave us with nobody behind us now but the enemy. I pleaded with several *compas* to help us, but to no avail. When the tail end of the column came in sight, and I still didn't have any volunteers, I stopped the last six men.

"You guys are going to carry hammocks!" I ordered, but they only started making excuses. Without thinking twice, I pointed my carbine at them.

"You heard me! Carry!" I barked.

So they carried the hammocks along a dreadful, overgrown path, that hadn't been used since before the war. I had surprised even myself at my actions, but there really hadn't been any other recourse. I'd never used my gun like that before, and it was an humiliating experience for the *compas*. Angry and bitter, they marched in silence. I was eventually able to better the situation by talking to them and sharing the load as we went along. When we reached our destination, I apologized and thanked them profusely. The resentment soon disappeared.

After a fortunately uneventful night, we hid the severely wounded patients in a new cave. Then the rest of us walked another seven hours, until finally we reached a favorable vantage point, high on a ridge. As we marched, we crossed paths with several combat units. Former patients greeted us with a special camaraderie. This was our ragtag army, with confiscated weapons, a limited supply of unsophisticated radios, and non-matching uniforms. They would be walking all

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night to reach the other side of the subregion. From there, they would attack the enemy's rear lines. The *compas* appeared in high spirits and eager to take on the enemy. The governmental troops had undeniably taken us all by surprise, but we were confident that it would soon be a different story. The *compas'* determination filled us with pride and confidence.

The high ridge where we came to rest was teeming with people who had converged from all over the controlled zones: the local civilian population, who always knew the most strategic places for holing up during a retreat, and *compas* from Radio Farabundo Martí, the Military School, logistics, the explosives workshop, the film and propaganda unit, and several other work areas. There were groups from other FMLN organizations with bases in Chalate, too.

Each group settled into one or another of the ramshackled or semi-burned-out houses found there. Since the health sector was so numerous, we had to divide up, occupying several houses. If you didn't take the necessary precautions, you might find yourself with nowhere to sleep. My little group took over a sooty old kitchen, which had a lumpy floor full of stones and hundreds of fleas. The little monsters had a heyday with so many people to choose from. We ended up spending three nights there, piled up one on top of another.

Guindas are special times for comradeship. They're when we come closest to true communist behavior, despite the fact that necessity often tempted each of us to look out for his or her own interests. I'd wager, on one *guinda* or another, that we've all set aside something extra to eat secretly at night. But in the end, someone always finds you out, and you're left feeling ashamed, with your selfishness exposed.

The ideology that develops in a *guinda* forces you to share. It is the moment in guerrilla life when you're most conscious that survival is only possible by working collectively. Community is manifested in lots of ways: the organization of the retreat, the different columns assuming diverse responsibilities, commonly shared misery and hunger, and the very fact that some do the fighting so that others can get to safety. Nothing exists in and of itself, but rather, only as part of the whole.

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Sharing becomes a strategy for survival. There is never enough for everyone on a *guinda*, or, for that matter, even in more peaceful times. One day you've got cigarettes and the others don't; the next time it's your shoes that are falling apart, and somebody else knows how to repair them. You learn to give whatever the others need without keeping score, just as they aren't running a tab on you either.

In the early morning, those who were really alert went out to look for food, and before long, returned with sacks of young corn that were then equitably distributed. In time, small groups of people with similar interests formed. But one quickly learns to be careful not to join a group of only city folk, because the peasants are the ones who know the most about how to find food!

In our dilapidated house, we prepared a community soup. Somebody salvaged an old cooking pot. Others brought in *ayote* squash with *malanga* roots and different edible leaves. We added a packet of dehydrated chicken soup that someone else found in the bottom of a knapsack. Even those who didn't contribute anything had only to hold out some sort of makeshift bowl and say "give me a little" to receive their portion.

In this festive atmosphere, hungry and unbathed but happy to be reunited in the big guerrilla family, we held "seminars." The topics ranged from the Mayans to world politics, from art to international cuisine. Our group from the hospital visited with the other groups, too, taking the opportunity, for instance, to chat with the *compas* from Radio Farabundo Martí, whom we only saw on *guindas* since the location of their camp was a very well-kept secret.

The news was encouraging: the *compas* had maneuvered effectively behind enemy lines, striking at their weakest points without incurring a single casualty on our side. Upon intercepting the enemy radio, we heard its demoralized troops asking for food and women. The invasion had now lasted more than a week, and the soldiers weren't used to Chalatenango's hills and downpours. We expected the *guinda* would soon be over.

But suddenly, the situation turned for the worse. Word

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came that the enemy was moving in to surround us. We would have to leave by night in order to break the cordon.

"Break the cordon." These were powerful, almost mythical words. In all the important *guindas* from 1980 to 1982, cordons had been broken, but only at a high cost in casualties. With such disproportionate fighting power, civilian massacres and generalized terror were inevitable.

The expression on everyone's faces changed. We all showed our tension and anxiety. In just a few minutes, the sociable atmosphere had disappeared and the deep-seated fear, which had been under control, subliminated by the flurry of activities, blossomed violently. Fear seized my very being, too, and I asked myself over and over, "What am I doing here?" All I wanted, at that moment, was to escape from that mountaintop, and from El Salvador itself.

How could we break a cordon with a bunch of hobbling, vulnerable, wounded patients? How could we defend ourselves? I looked at my carbine with its mere thirty bullets; the G-3 and the M-16 had no more than two magazines each. It was ridiculous—we were going to be slaughtered. There was no doubt about it. How could we ever control our fear and panic, so that we wouldn't just run off, abandoning the slowest? I had no combat training whatsoever. How could we possibly survive if breaking a cordon implied not only bravery but agility as well?

I had already seen so many die. I had watched the almost cool manner in which the *compas* reacted to death, which for them had become a daily event. Violent death had become as much a part of our lives as a sunset is for a peasant, something barely even talked about anymore. And yet, I was paralyzed in fear of it. Under these circumstances, my death would be nothing more than casualty number nineteen, coming after eighteen and before twenty. What meaning would it have? What would it change? It would simply be the end of my life. That's all. My death, symbolizing nothing, would just be one more casualty, like so many others had been.

In my internal hysteria, when I thought "like so many others," I suddenly wondered why, in fact, I should be any

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different. Why was I attaching a special significance to my own death? It was terribly arrogant to have committed myself to this war without accepting the risk of dying anonymously like everyone else. In reality, what gave my life meaning was not my death but rather my choice to live out a certain degree of personal growth and to contribute to this struggle, this transformation of history. The conflict between individuality and collectivity suddenly seemed absurd; now, the individual was dissolved into the collective.

> I believe the world is beautiful
> and that poetry, like bread, is for everyone.
>
> And that my veins don't end in me
> but in the unanimous blood
> of those who struggle for life,
> love,
> little things,
> landscape and bread,
> the poetry of everyone.*

I realized I would have to force myself to slow down my pace, half-trotting alongside the wounded, and use my gun myself or give it to someone else who could use it better. I felt that was the only way we were ever going to get out of this shit. The FMLN slogan "Revolution or Death" now took on new dimensions, and a certain serenity and feeling of security entered me that would never abandon me from then on.

I guess we all have to go through moments like these, each in our own way, and perhaps even more than once. If you resist them, you can't maintain the calm, the courage, the discipline, and the will needed to survive and triumph.

At sundown, we fell in with our gear on our backs. We were informed that the cordon had not been completely closed yet. What a relief! But even so, strict discipline would be necessary in order to move around enemy positions.

As I'd noticed on previous *guindas*, the *compas* from Radio Farabundo Martí, whose code name then was "Las Peñas," were walking around as in a daze. Messages passed along the

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column: "Las Peñas—report up front," or "Where are the guys from Las Peñas?" Right up until the last glow of the setting sun, the radio crew could be seen looking like a group of bespectacled, absent-minded professors, lost in the mountains, wandering up and down the column, until they finally fell into formation with the rest of us.

At last, we started to move out. Learning to walk at night is something that either you get right fast, or you fall flat on your face and break your ass until you do. You've got to have eyes in your feet in the pitch black night. You have to spot slippery rocks, deep mud and roots, or branches blocking the path. You've got to watch the person ahead of you closely, learning from his or her mistakes, mutterings, and bitchings.

Your shoes are so important, you'll do just about anything to protect them. If the rainy season hasn't already started, at the first river crossing you usually try to walk on the rocks. With a minor miracle, you can get across with no problems, but you're most likely to take a royal tumble, soaking your precious shoes. The trick after that is not to let your backpack get wet. But that first dowsing has an advantage. At least from then on, you're no longer worried about getting wet in the subsequent crossings.

Considering how dark it was that night, we walked long stretches at a relatively fast pace. Up and down the column, people kept whispering, "Pick it up, faster." When we reached a fork in the trail, the order was, "The last one in each group waits for the next in line." However, it wasn't long before word came for us to halt, because "Las Peñas are missing."

To a certain degree, the news was a relief since we could sit down for a while and rest from the weight of our packs. Some people even seized the chance to take a quick nap. Before long, the order was heard again: "Pick it up. Whoever falls behind, gets left behind!" But that threat was never carried out. Instead, we ended up waiting for Las Peñas, and everyone else, too.

The weight of our packs, the fatigue, the exhaustion, and the pain in our feet got worse and worse as we advanced. I don't know whether it was a virtue or a defect, but I frequently fell asleep standing up when the column stopped. The problem was

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my knees doubled up instantly, and I would fall on top of the person in front of me, who would then turn around and bitch, "Fuck, man! Hold yourself up!"

The tensest moment was when word ran down the column to maintain utmost silence: enemy positions were within a few short yards of our path. We advanced with extreme caution, aware of our vulnerability and, at the same time, conscious that our strength was in our discipline and our capacity to handle the situation. Although it's natural to be afraid at such a moment, there's a special feeling of strength and pride that comes from being on the people's side, poorly armed yet shrewd as foxes. And that's how we slipped right through the fingers of the Atlacatl Battalion.

Upon reaching another strategically positioned mountaintop a little before dawn, we could look back on where we'd come from. It had taken us almost twelve hours to cover a distance that in daylight could be done in half that time. We rested there all day, slumbering in the shelter of the brush.

In the evening, after many more hours of walking, we finally reached a town which the enemy had previously evacuated. We were greeted with chicken soup and fried rice, prepared by combatants who had been harassing the enemy behind its lines. As we ate, we saw the sky light up at the other end of the controlled zones, illuminated by brilliant white bengal flares, like huge spotlights. We listened to mortar fire, grenades, and enemy guns as they blindly sought to liquidate the guerrillas. Now, with our bellies full, our tension broke and we burst out in exuberant laughter, mocking their futile attempts.

The next day the enemy abandoned the zones. Despite the destruction, the savage massacre of thirty civilians, and the capture of another forty, they had been unable to break us up. They hadn't even managed to inflict a single casualty on our people's army.

We were soon given authorization to go to the hospital in El Tamarindo in order to recover anything of value that remained. We didn't seriously envision finding more than bits and pieces.

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Upon arrival, at first glance, everything about the hospital seemed normal. But as we got closer and saw how vast the destruction was, we just laughed, out of our rage and sadness. The hut that housed the kitchen had been torn apart, the Vietnamese stove smashed to bits. The soldiers had piled all the *tapexcos* in the middle of the ward and set them on fire. The operating room looked like it had been hit by a hurricane, probably as a result of a grenade blast. The roofing tiles of the pavilions were in smithereens. They had scribbled the usual graffiti: "Faggots, all you can do is run away." Other scribblings were intended to demoralize us, asserting that our officers had their passports ready to get out of the country when we were defeated. Still others were written in the rudimentary English these Atlacatl Battalion soldiers had learned while being trained by U.S. advisers.

The hole where the *compas* had buried the hospital supplies was empty. There wasn't a trace of anything. What could they have done with all that material?

After surveying the destruction, we decided to have a look at the hamlet of El Tamarindo. It too was reduced to ruins. There we met up with a militiaman, Oscar.

"What did they do to the hospital? Is it badly damaged?" he asked us.

"Good old Atlacatl fashion, brother. They destroyed all the huts and stole the supplies."

"So, that's what they were doing. I saw them loading cargo on mules and taking it to the helicopters. I was perched up in a nearby tree, you see."

"You spent the *guinda* in a tree?"

"Well, most of it. I was working in the cornfield when it all started, and by the time I got back here, everyone was gone. The enemy was already blowing it up. Since I was alone, I knew I'd better fend for myself. So I climbed a mango tree to get out of sight, and from up there I watched everything."

"Shit, man. You sure are brave."

"Well, tree climbing's no worse than walking. Look, pal, even if we have to become monkeys again, we'll do it. Whatever it takes, we're going to defeat those sons of bitches."

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The Battle of "Lightning"

For almost all of the three years during which I worked in the territory controlled by the FMLN, I was in the Sumpul Subregion. I spent most of my time visiting the communities between Los Ranchos and Arcatao, walking from Los Amates to La Montañona. This is the zone where political-military control is most consolidated, and the civilian population is openly organized in PPLs (Popular Power Committees), under the jurisdiction of the Subregional Government Council.

Broadening the picture a little, the outskirts of the area could be described as a belt of towns surrounding our deep rear guard. We would go there to buy necessary items which we couldn't produce. The relationship established with these towns was not merely economic, but political as well. In many places, there were clandestine militias that defended their population, together or apart from the rest of the revolutionary army. Despite this, the mayors of Nombre de Jesús, Dulce Nombre de María, La Laguna, and San Fernando, for example, were members of the Christian Democratic Party and, in a few cases, the right-wing party, ARENA.

The situation in these territories has changed significantly during the different phases of the war. In general, dual political power is maintained over these communities. Rigid conceptions of a war don't fit the reality. The road from Dulce Nombre to San Fernando provides a good example.

Guerrilla control of this zone does not hinder travel along this road. It is used daily by trucks with huge loads of pine lumber or by pick-ups full of merchandise and villagers commuting to and from San Salvador. No doubt, enemy

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collaborators or spies from the government Long Range Reconnaissance Patrols also use it, but nothing happens to them, as long as they aren't detected.

This dirt road was not always as heavily travelled as it is today. It had been abandoned for a long time when, at the end of August 1984, it was reopened in response to petitions from the townspeople of San Fernando. At that time, the FMLN and the government agreed that if the State would repair and maintain the road, the FMLN would not destroy it, as long as it wasn't used by military vehicles. The agreement has held.

Enemy troops do travel the road frequently, but only on foot. Soldiers are brought by truck to Dulce Nombre; however, in order to invade the controlled zones, they must walk days and nights until they are able to engage us in combat.

My transfer to this zone, the Mountain Subregion, brought me lots of changes. Everything seemed new and surprising. I was again hearing the sound of automobile traffic, after two and a half years of hardly seeing even a truck moving from afar. On the other hand, there were more chickens, cows, and pigs in the area than I had become used to. The mountains were higher and colder too. And I had gone from the deep rear guard to a zone where the control was more fluid, more clandestine.

It was mid-1985 and our activity there was basically that of guerrilla warfare: sabotage, harassment, hit-and-run ambushes. As the *compas* said, "We defeat their overwhelming force with our limited means; we depend on quality instead of quantity." This tactical approach resulted, among other things, in fewer casualties for us. It was a matter of becoming strong and agile in concentrating and dispersing our troops, of preparing for a long term war or even for a direct U.S. intervention.

It was in this context that I took on my new assignment: I was to be the anaesthetist of the zone, working in a highly mobile and operative Medical Surgical Unit. This MSU was made up of Noé, a surgeon, Eduardo, our chief, and some young women lay nurses, among them Dinora, who was to be trained as an anaesthetist. I would be working there just long enough for Dinora to feel at ease in her task.

We led an exhausting life, trekking from one place to

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another to attend to the *compas*. One day we were ordered to report to a field hospital still under construction in its new, relatively permanent location. We were met by Tomás, who had just been named head of the health care sector in the subregion, and by the hospital's general practitioner, Jezabel.

"Have you heard that we're expecting a patient?" Tomás asked, almost immediately upon greeting us. "We were informed yesterday afternoon and were really nervous, since we're without a surgeon. Besides, you can hardly call this a hospital. Jezabel and I are doing our best to build it, but they still haven't sent us any lay nurses."

We weren't exactly expecting our arrival to coincide with an emergency, but Eduardo comforted him, "Well, don't worry. If the patient arrives, we're here now."

The encampment housed the supply division, in addition to the hospital, and was located on a hilltop below tall pines that filtered the light, creating a splendid airy atmosphere. The camp consisted of a kitchen dug into the slope, several grass huts, and a series of small caves covered with pine branches, which the *compas* had dug out to serve as dormitories for two or three people each. It was the dry season and an icy wind blew continuously. At night, it became so cold that the only place we could bear the temperature was inside these caves, clustered together in fraternal embraces and bundled up in layers of sweaters and shirts. When we went to sleep, we used every available towel and blanket to cover ourselves. Who would ever have imagined that we were in the tropics?

Since we were hungry on arrival, we rapidly made our way to the kitchen. As we sat on a log with our bowls of black bean soup, Noé, our surgeon, asked for more information about the would-be patient. There still wasn't any news.

"We've finished the walls of the operating room," explained Jezabel. "And a roof won't be necessary since it isn't raining, but we haven't even had the time to make an operating table yet."

She had barely finished the sentence when Rigo, the messenger boy, announced the expected patient's arrival.

"In a hammock?"

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"Yes. He's critical."

The patient was a combatant, wounded by grenade shrapnel during a harassment action at some distant point in the subregion. Members of his own platoon had carried him all the way to the hospital and, by now, nearly thirty-six hours had passed. Although his real name was Daniel, his companions called him "Lightning," and they told us that he was a first class fighter, audacious and clever.

We took the young man's vital signs and Noé inspected the wound. A fragment had penetrated his abdomen. At a glance, one could see that he was dehydrated and in shock. This was indeed a critical case, even more so given our circumstances and, to make matters worse, we had no more than one liter of saline solution.

Noé addressed the *compas* who brought him: "Don't go, men. We're going to check your blood types to see if any of you can donate blood."

"But, *compa*, we've been carrying. . . ."

"I know, but we have no choice about it. We have to find several blood donors or the *compa* won't survive." It was the only way we had to supplant the lack of serum. Turning to Tomás and Jezabel, Noé added with a touch of irony, "Let's inaugurate your hospital!"

The operating room was nothing more than four walls made of branches and grass. After considerable difficulty in locating a vein, I started the patient on our only liter of fluid. Eduardo and Tomás set about building an operating table, leaving me a few planks which I could use for the anaesthesia materials. In no time, things were advanced enough to premedicate.

In our backpacks, we had carried an authentic, although limited, set of previously sterilized instruments for abdominal surgery, along with gloves and other necessary materials. Dinora and I had also carried with us the anaesthesia equipment: an ambu-bag, one lone endotrachial tube, a few nasogastric tubes, and the basic, indispensable pharmaceuticals. And thanks to the *compas,* we now also had a unit of blood.

Shortly, Noé began to operate, with Jezabel's assistance.

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Eduardo stood by and observed, as part of his training as a surgeon's assistant. Silvia acted as scrub nurse, with help from Esmeralda and Lina. Dinora and I placed ourselves at the patient's head. This time, Dinora was to be the main anaesthetist, and I would follow her orders. We had never before reversed our roles. She tried to convince me right up to the last minute that we should work as we always had, but I refused. Her hand trembled as she administered the anaesthesia, but everything went well, and the operation proceeded normally.

As for Jezabel, she didn't know that this was to be her last training session in surgery. One month later, during a *guinda*, she would have to perform a similar operation—a resection of the small intestine—alone.

There were no major problems, although every now and then Noé barked at Silvia for mistaking a clamp or for not handing him the right thread. As he began to close the abdomen, he snapped at Dinora and me, "Relax that belly! I can't suture it!"

I was forced to take over then, since I hadn't yet taught Dinora how to administer muscle relaxants. We injected a minimal dose of succinylcholine, between five and seven milligrams, to avoid provoking respiratory failure, while we guaranteed good oxygenation with the ambu-bag. We wanted to avoid the risks involved in intubation. Thanks to the transfusions, the blood pressure remained steady. Everything went fine, the operation terminating quickly for our conditions, after about four hours.

The difficulties were to come later. We were going to need a lot of blood. Luckily, Daniel's blood type, B positive, was fairly common. We already had secured two units from his platoon buddies, and we could count on another since one of the lay nurses, Lina, had the same blood type. But this would only last through the middle of the following day. What would we do after that?

Any operation in the abdominal cavity produces a temporary intestinal paralysis. The patient can't ingest liquids or solids orally until intestinal transit is reestablished. Under normal circumstances, such a patient receives three liters a day

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of dextrose serum with different electrolytes. Laboratory analysis determines the electrolyte dosage. Vomit, gastric juices, urine, respiration, and exudation are taken into account to calculate hydric losses, which must be compensated. It was more or less within our means to evaluate these factors, even if it couldn't always be done with exactitude. But analyzing the concentration of electrolytes in the patient's blood was impossible. We didn't have a medical laboratory there or anywhere else in the controlled zones.

However, for the time being, our biggest worry was the lack of intravenous fluids. As always, this was one of the principal problems of our medical logistics. How could we keep our territories supplied with this voluminous, heavy, and rapidly-consumed item? If ten or fifteen liters got to the Front in a month, that was considered an excellent supply. But that was rarely the case. Just calculating three liters a day per serious patient, without even counting minor operations, which always required at least a half liter, it's obvious that we were permanently short of this vital liquid.

In some circumstances, like Juan's amputation, we solved the problem by using fresh coconut milk, which is similar in composition to human plasma. Since a single operation consumes about two liters—the contents of four to five coconuts—this isn't much problem. But to sustain a patient for three days, about twenty coconuts are necessary, and such an amount had always proved difficult to acquire. Unfortunately, we were in the mountains, not on the coast, surrounded mostly by pine trees, not coconut palms.

We had often debated how to solve this problem. I remember one conversation in "The Café" in the hospital at Tequeque. Carolina argued that if the peasants knew how to make moonshine, we should be able to do at least as well by distilling our own saline solution. One of the doctors, Mario, thought this idea ridiculous. "And the pyrogens? What kind of filter do you want to use for them? Cotton?" he taunted, unwilling even to try.

But before the year was out, we had already distilled our first batch of homemade saline solution, using a rudimentary

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cotton and gauze filter. Earlier, we had heard that IV fluid was already being produced on the Para-Central Front and we had sent Ana, a competent lay nurse, to learn the procedure. Upon her return, she and some *compas* from the explosives workshop had gotten to work building a still, just like those the peasants made to prepare booze, using copper tubing and fashioning recipient vessels with zinc salvaged from granary storage silos.

After making some adjustments in the lids of the recipients, we had been able to obtain liters upon liters of intravenous solution. The formula was nine grams per liter of noniodized salt, which we weighed on a makeshift scale.

Unfortunately, we soon came to realize that we had serious limitations, because we did not have enough glass bottles and rubber stoppers for our production. In addition, our intravenous solution lasted only about ten days before it developed strange particles that could be seen when held up to the light. Distilling IV fluid was indeed an exacting task. Nevertheless, our still had provided enough liquid for all the operations performed in three hospitals, as well as several MSU's, during the period of the full-scale attack on the El Paraíso garrison.

I'll confess that when we had started using this homemade serum, not knowing much yet about anaesthesia, I felt very uneasy with the responsibility for administering it. I remember that the first time I set a patient on this solution, it was almost too much for my nerves. All I had on hand to counteract a possible allergic reaction was a single 500mg vial of hydrocortisone, a drug which was always scarce for us. On that occasion, to make a trial, we administered the fluid as we did blood: a fast drip to begin with, then a cut-off to watch the patient's reaction. We were lucky: there was none and the patient showed no sign of problems.

Indeed, in three years, I only heard of one negative reaction in all the time we used our makeshift IV fluid. And that one reaction may well have been due to our use of disposable materials which we had to resterilize and reuse repeatedly, and not to the fluid itself.

But it was now Daniel's bad luck that because the home-

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made solution expired rapidly and transport was so difficult and slow, we hadn't brought any in yet from the Sumpul Subregion.

So, what could we do to solve the problem of our lack of intravenous fluids? The only solution that we saw was to send a note to Daniel's platoon chief, requesting more blood donors. At noon, ten volunteers arrived to be blood-typed. From them, we were able to extract four 500cc units of blood, asking for more volunteers the next day.

We were very impressed by these young people's willingness to donate blood, given that they could well be in combat in a few hours. Their cooperation was an indication of the high esteem they held for Lightning and evidence of the solidarity that had grown among the combatants.

Things hadn't always been so easy. When we had first started giving transfusions, it had been very difficult to get donors. People thought that giving blood was harmful to them. Once in El Tamarindo, a dangerously anemic woman, who had suffered frequent attacks of malaria, was brought in by her family. The doctor asked them not to leave, in case the patient would need blood. At that, they turned pale out of fear and disappeared on the double. The whole time that woman was hospitalized, she didn't receive a single visit.

People didn't believe us when we explained how the body quickly replaces blood that is extracted. No doubt this replacement might be slower than normal in such a poorly-nourished population, but we didn't consider this to be a serious problem. To combat skepticism, several of us in the medical staff publicly gave blood so that the people would gain sufficient confidence to cooperate. Gradually they were won over.

Among the combatants, giving a blood donation was a little easier since they learned to see it as another necessary sacrifice in order to triumph. Many previously held ideas are often changed by the experience of joining the popular army. Relationships between men and women and attitudes towards authority are among the things that get modified. In addition, bashfulness about one's body, a deeply-rooted sentiment in the peasantry, is generally overcome. In fact, giving blood stopped

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being taboo as a direct result of the socio-cultural upheaval of the people's war.

The first day of Daniel's recovery was relatively uneventful. He regained consciousness, and we talked a little, although he was really weak. Between the other team members and myself, we never left him alone. The second day, we continually listened with the stethoscope to the sounds in his belly. We were impatient for the intestinal transit to begin again, since giving him so many transfusions was making us nervous. "Do you feel a fart coming on?" we constantly asked him.

In addition to looking after him, the lay nurses regularly sterilized all the instruments and washed his blankets, which inevitably got soiled when there were problems with the catheter or the IV lines. Dinora was particularly attentive to details, and her overall interest was outstanding. She made the most of that time to learn to type blood and improve her understanding of the theory behind it.

Dinora had returned from the refugee camps just a year before. Not even sixteen yet, she was plump, with kinky hair which she kept carefully groomed. Sometimes, after studying anaesthesia for more than three hours straight, we would talk.

"You know, Paco, this work scares me," she'd say. "For one thing, there are all the problems involved, and the math. What if I have to revive someone? I don't think I could do it. But there is something else too."

"What's that?"

"It's that. . . . Well, I see you here, far from your family and I admire you a lot for that," she hesitated. "But I want to ask Eduardo permission to visit my grandma near Arcatao over Christmas. We are going to be very far away and I know that once I'm trained, you'll be going on to another assignment. And since they can't operate without an anaesthetist, there won't be any one else but me, right?"

I didn't know what to say. She was very young for so much responsibility and for such a demanding life.

"I also know that the *compas* need me and they can't take leave often either." There was a long pause before she contin-

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ued. "I think what we need to do is win this war so that we can be with our families."

As Dinora and the rest of us tended to him, Daniel proved to be very alert and especially attentive to his belly. On several occasions, he called us, "Listen to me. I think I'm going to fart."

But it was still too soon; all we heard was silence. We started to worry. Such frequent transfusions were dangerous. Blood is not just liquid, but also contains cells which can overload the organism. Besides, it was almost inevitable that one unit or another would cause the allergic reaction we feared.

On the third day post-op, we noted that Lightning's state of consciousness, and the rhythm and pattern of his breathing, had changed. Noé attributed it to a lack of potassium. The patient wasn't receiving enough calories either, and he was becoming noticeably thinner. Who knows what the chemical composition of his blood was at this point. If we didn't manage to rectify his electrolytic imbalance, his life could slip through our hands. This same damn problem had already killed several *compas* on the verge of recovery.

But we didn't have any injectable potassium. We almost never did, and since nothing could be administered orally, we couldn't give him potassium-rich food either. Suddenly, Tomás recalled having seen a bottle of potassium in a *tatu*.

"Well, send for it right away," Noé exclaimed.

We became somewhat more hopeful, even though we thought it was probably oral potassium. While Tomás went on his mission, we continued brainstorming.

"I have a bit of a folksy proposal, but we're desperate enough to try almost anything, right? If it turns out to be oral potassium, let's give it to him anally. The rectum has tremendous capacity for absorption, and we could add rehydration salts at the same time."

Noé thought about it for a moment, before commenting hesitantly, "Maybe. But that will stimulate the intestinal transit which could. . . . No, that's okay. Let's give it a try. Those goddamn intestinal sutures better hold up, or else."

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"In any case, we can give it to him little by little," added Jezabel.

When Tomás returned triumphantly with the bottle, it was indeed oral potassium. "Potassium chloride 60 ml" was all the label said.

"How many milli-equivalents can be in this shit?" asked Noé.

"Who knows. Give him half of it."

We prepared a packet of oral rehydration salts, mixing them with the potassium chloride and went ahead with it.

We feared that the solution would flow out of the rectum immediately, but it didn't. An hour later, we gave Daniel some more, and continued doing so throughout the morning. By noon he was noticeably better. Little by little, his respiration and state of consciousness improved. We felt more optimistic, so we listened to his abdomen again. Alas, still nothing but silence. We had already removed the venous catheter because we had tortured his arms enough, pricking them time and time again. Phlebitis had set in on one of them. The situation was touchy.

While waiting for results, we sat in the sun outside the "ward," enjoying the view of the lofty pines against the crystal, windblown sky. Suddenly Dinora called us excitedly.

We hurried inside and there we saw Daniel, his *tapexco* and blanket all covered in shit, wonderful shit. He was a little embarrassed but we consoled him with our joy. We cleaned everything up and promised him a bath, *atol*,* and anything else we could. Suddenly, he farted and exclaimed, "Fuck! Give me something—I feel like I have to take the biggest shit in the whole world!"

His intestines seemed to sing under the stethoscope. What a relief! What we heard proved to be not just an overload of liquid in the rectum but true intestinal movement.

Once everything was in order, with Daniel reinstated on his *tapexco*, Eduardo announced that the events called for a

*A traditional Central American warm drink, made from a small amount of flour cooked in sweetened water or milk.

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celebration and, with that, he set off to buy sweet rolls. Three days a week, a pick-up truck went down the San Fernando-Dulce Nombre road, selling all kinds of cakes and other goodies.

While waiting for him to return, we relaxed in the late afternoon sun. But our peace was interrupted when an urgent message from the Subregional Command Post arrived for Eduardo. We speculated that it might be announcing the arrival of another patient.

In minutes, Eduardo returned with several bags of rolls.

"You sure bought a lot!"

"Just one bag. The other two were a present from the salesboy. He told me, 'If I didn't have a family, I'd be fighting alongside you.' "

We gave Eduardo the carefully folded, stapled note. After reading it, he announced, "We leave on a mission at dawn. They say we have to drop everything, they need us right away."

"Hot damn! A mission! It sure is lucky that note didn't arrive yesterday," exclaimed Noé, and he lay down again to look at the reddening sky through the majestic pines. "Today was our turn to win a fight—the battle of Lightning."

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Freddy

It was late, after nine. When I lay down on the ground in the ward of the field hospital, I could hear Freddy's rapid, laborious breathing from the hammock above me. I fell asleep as soon as my head touched the notebooks I used as a pillow. It had been a long day of uninterrupted caring for a critical and problematic patient.

Just after ten, I was awakened by the voices of two doctors talking with the head of the hospital, trying to decipher the scribbled message, recently received from the Subregional Command Post.

"Paco, they've authorized us to take Freddy out of the Front. Start getting him ready. You're going with him."

After discussing the details, they went off to bed.

"Did you hear that, Freddy?"

"Yes," he responded in a weak voice.

So at about 1:30 A.M., four *compas* placed the wounded *compa* in a hammock. We then walked the short distance that separated our camp from the road that goes from San Fernando to Dulce Nombre. There, we loaded Freddy, hammock and all, into a Toyota jeep, confiscated a few weeks before from one of the regime's ministries. It was a squeeze to get us all in.

At first, Martín drove with the headlights on, since the hills were high enough to hide us from enemy positions. But once we reached the crest, he turned them off and we continued by moonlight, descending a long, winding dirt road. All along that steep, rocky track we saw the evidence of destruction: a destroyed hamlet here, a bunch of shattered houses there. Freddy was uncomfortable and groaned when the jeep bumped across the streambeds on the path. Only once did we break the

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silence with a quiet laugh, when we surprised a cow in the middle of the road. We were nearing a populated area.

We soon left Martín and the car behind. Two of the six *compas* in charge of carrying Freddy tied the hammock to a pine pole to continue transporting the boy, now by foot. For my part, I inflated the blood pressure cuff that was wrapped around a plastic bag of IV fluid, to create enough pressure for the vital fluid to continue to flow properly into his vein, despite the difficult conditions which this form of transport implied.

An hour later, we reached a ridge of pine-covered hills. The *compas* caught sight of a fire and thought they detected movement. We halted while they checked their weapons, and then two of them went ahead. They discovered nothing more than a smoldering fire in the pines that had been burning for hours on end, a yellow glow in the shadow of the moon.

A mild northern wind carried the odor of burning pine resin, a smell so familiar in the chilly mountains. The top branches of the pine trees hypnotically swept the night sky. In time the boy got really heavy, and the transverse bar, holding him suspended, bit fiercely into the collar bones of the porters. When one pair tired, another relieved them.

We came to a group of houses. Quique, the transport squad chief, sent two men ahead to wake the people and see if they would give us a hand. I gave Freddy something to drink, passing a straw through the weave of the hammock that was wrapped around him like a cocoon. The boy hadn't slept at all. All the bouncing around was murder on his broken ribs. I glanced at the bag that was supposed to collect whatever flowed from the urinary catheter. There were a few drops of rusty colored urine, nothing really.

The *compas* returned with the first volunteer, barefoot and still half-asleep. He peered into the hammock.

"It's just a kid! And he's on IV. The other day one came through here who was really in a bad way. Maybe he'd like a tortilla?"

Freddy's "no" was so weary that only I could hear him. I

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had spent the last ten days and nights at his side and had learned to interpret his monosyllables and his silences.

"How old are you?" the barefoot man asked.

"I don't know," Freddy whispered.

Another volunteer joined us, and we started the march again. Luckily, it was a gradual, downhill grade. The ferocious pole of the people's ambulance ground into the peasants' collar bones. The two traded off with the transport *compas*. We advanced rapidly, passing more houses, incorporating more volunteer porters. No one asked where we were going. The war is full of secrets and discretion.

To the west, the moon was setting and, in the mountain slopes, fire was devouring acres and acres of land—precious pines, maize plantations, brush, pasture grass, everything, leaving a black sooty trail that only the rocks and clay resisted. The fire was perhaps set by rockets from a Cessna A-37 or a Push and Pull 0-2, or maybe by enemy vandals trying to eliminate the guerrillas' protective blanket of vegetation. Its glow in the night was so striking that we almost forgot its sinister origin.

To the east, the sky began to brighten, outlining the peaks of the Honduran mountains, so full of the history of the Salvadoran people. We kept up a good pace and, by seven, we reached the outskirts of a town. At dawn, Freddy's combat unit had already occupied the main streets to guarantee our passage towards the deep rear guard. As we entered, old women and young girls were already in the street, stretching and twisting the shiny cream-colored fibers of the henequen plant, from which they make ropes and string. They watched the guerrilla boy pass by, some with pity in their eyes, others with fear.

"Good morning."

"Morning."

One old woman handed Freddy some bananas and offered us tortillas.

"Poor little thing. How old could he be?"

"I don't know," Freddy whispered once more.

Despite the fact that the only truck that could be found in

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town was headed out in the opposite direction, Quique started convincing the driver to give us a ride.

"We need your help. We've got a seriously wounded patient on our hands."

The man made excuses, saying that his motor was in bad shape and that he was in a hurry. The truck was loaded with fattened pigs to sell in Chalatenango. He didn't want to spend any more on gasoline. But Quique was persuasive and didn't let him get away with anything. Finally, the man agreed to give us a lift.

We hung Freddy in his hammock in the back of the truck, amid the stench of the pigs. The driver's assistant separated the protesting animals to make room for us. It wasn't the best place for Freddy to travel, being a potential source of infection, but time was getting very short. The urine bag still had no more than a few drops in it. We had to get there before the level of toxicity got too high.

The truck bumped along the poorly-maintained, rocky road, that several years before had been financed by the Yankees as part of a counter-insurgency project. The driver went slowly and carefully over the severely eroded surface, but despite his efforts, the truck pitched and lurched, jolting the hammock and making Freddy groan in pain. His eyes pleaded with me to get this over fast. I hated the boy's suffering and was overwhelmed by a rush of anger at the tyranny that forced us into this war.

At present, we were skirting the base of a big mountain, where brooks and streams abounded, cutting across our track. Along the moist banks, green gardens flourished, even though we were still in the dry season. Towering above us were high cliffs, where imposing *guanacaste* trees clung, displaying new leaves from the first showers. The sight of cashew and mango trees made me dream of the fruit juices I would make for Freddy as soon as we were deep in the rear guard. I was feeling more and more drowsy.

Coughing and chugging, the truck climbed to the top of a hill. Through the already hot morning light, I saw the cold hills where the young boy had been wounded. I wondered how

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Freddy's story would end. It had been on the 31st of March—the day of the elections, that farce imposed by the gringos. That day the governmental army had invaded San Fernando with helicopters and two infantry companies "to guarantee the electoral will of the people."

The *compas'* counterattack had been successful, despite the enemy bombing with Huey UH-1H's and A-37's, which had lasted more than an hour and a half. They had shot volleys of rockets and electronic machine guns had fired who knows how many thousands of bullets per minute. Nonetheless, with nothing more than their determination, their badly-shod feet, and their confiscated weapons, the guerrillas had put the two governmental companies on the run, forcing the enemy to flee into Honduras. In the bargain, they had confiscated an M-60 machine gun and other materiel.

When the battle was over, the medical post had received only three *compas* with minor wounds, and Freddy, with a bullet in his thorax. We had immediately installed a thoracic drainage for him with the simple but efficient means at our disposal. We then operated on him and gave him a blood transfusion. Everything went fine, until upon leaving the makeshift operating room, the boy went into shock. He ceased being able to urinate spontaneously. We had only one adult-sized urinary catheter, clearly too big for him. What could we do? We had already had bitter experience with other cases like this. Improvising, we cut off a piece of disposable IV line, inserting this poor substitute for a catheter with great difficulty.

"Shit, he's bleeding. There's nothing but clotted blood coming out."

At that we gave him steroids and furosemide and kept him under intensive care. Soon we had to repeat the torture session with the makeshift urinary catheter. We had to know whether or not his kidneys were functioning. Nothing came out. So what the hell was going on?

In the afternoon, the *compa* had regained consciousness. He talked with his fellow combatants who had come to visit him. His manner delighted them, and it was obvious that they were really fond of him. We had to catheterize him once again,

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this time with an appropriately sized catheter that had finally come in from logistics.

It was difficult, but we managed. Yet only 30cc's of urine, mixed with blood, flowed out. We began to feel really desperate.

That night, to protect Freddy from the cold, we had him sleep in the kitchen of a house some peasants had let us use as an operating room. The lay nurses covered him with blankets and sweaters for more warmth. He still wasn't urinating.

At dawn, we had moved with the troops to a high, freezing cold mountaintop, covered with magnificent pines, which stood under a crystal-clear sky. A commander, who was also a doctor, visited us and examined Freddy lovingly. He confirmed our treatment and lifted our spirits. There weren't any signs of intoxication yet.

But that afternoon, the mechanism that held the catheter in the bladder failed. We had no other option but to resterilize the catheter and insert it again. We fastened it with a single stitch of catgut suture to the foreskin of the boy's penis.

Freddy screamed, but he withstood the pain. We explained everything to him. He understood. A great trust had developed between us.

The next day, with Freddy in a hammock, we reached the subregional hospital, hidden in the brush.

It wasn't quite so cold now. Several days passed and the boy's overall condition appeared good, deceptively good. Freddy asked for a tortilla and ate hungrily. He even took a few steps on wobbly legs.

When I reported his progress, the doctor exclaimed, "I don't give a damn if he's walking. I want him to pee."

Every evening, we checked the urine bag, but there was never more than a cupful.

We raided *tatus* looking for the last vials of furosemide and steroids. We read and reread the only medical text on hand. We wracked our memories trying to recall where ampicillin is eliminated. What if we did a peritoneal dialysis? But forty-eight liters of special IV fluid are needed to perform that procedure. Where the hell could we get that much in a poor people's war? We were overcome by feelings of bitterness,

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desperation, pain. By now there was no other alternative but to get Freddy out of the Front. So we put the case before the command.

That is how I became my guerrilla brother's private nurse: bathing him, feeding him, torturing him with injections, zealously watching the thoracic drainage,washing out his bladder, carrying him when he needed to take a shit. The boy did his necessities lying on his side on the ground. His feces were very watery and yellow, a sign that his body was struggling to adapt itself. I did what I could to comfort him.

"How is it you joined up so young?"

"One day I got the urge."

"In combat, were you cautious or really crazy?"

"I was always careful. It's better that way."

He told me then about his family. His mother was a victim of the first massacre of women in Chalate. He had a brother in the Special Forces and a couple of sisters in enemy-controlled territories whom he hadn't seen for six years.

"Don't you remember our meeting before, Paco?"

"No."

"When the hospital was in Tequeque. You were going down to the swimming hole with Ovidio."

"Ah, you were the one. . . . No, I don't remember."

The day before this long journey to take Freddy out of the Front, he had started vomiting, a yellow mass like his feces. Was his liver failing too? What the hell was going on? We discussed his medication again. Now we stressed the urgency of the situation before the command.

"If I vomit, will that help me get rid of the poison that you talked about?"

"No, Freddy. Try not to vomit, it's bad for you."

How is he ever going to replace the salts he's losing? I thought to myself.

"But where's the water going if I'm not urinating?" he asked.

Now during one of the truck's lurches I noticed Freddy clutching a one colón note in his fist. I made a sign, asking him who had given it to him. He pointed to the driver's assistant, a

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humble man who hadn't said a word the whole trip. Each time a vehicle approached us, the driver renewed his hope of pawning us off on someone else. "My engine's no good," he grumbled despite evidence to the contrary. But the other trucks were also loaded with merchandise and people, and so he continued on.

We were finally nearing the end of that sadistic road. The mountains were misty by now from the muggy heat. My mind filled with dreams and illusions:

Freddy marching along with a Yankee-made M-16, now being used to liberate his people. Dressed in his guerrilla uniform: confiscated fatigue shirt, non-matching pants made in the people's tailor shop, cheap fake-leather shoes.

When the road came to an end and the truck could go no further, we continued on foot. The sun didn't show any compassion for those who had been up all night. A passing *compa* helped us carry our load. In the heat and exhaustion, I found myself remembering the sun dance of the Sioux Indians: facing the sun with leather thongs pierced through their chest muscles, they dance until the dried leather straps tear themselves free, ripping out human flesh. That is how the Sioux men thank women and Mother Earth who give them life.

The pine pole was demolishing the *compas'* collar bones.

At last, we trod safe, familiar soil, deep in the rear guard. It was like being home again. We spent the night in the first encampment we reached. By moonlight, we left again at four o'clock. Yesterday's team was relieved by militiamen, sent by the people's government to carry the hammock. We were going still deeper into our territory. The militiamen, cheerful despite the arduous task, joked and teased the first one that asked to be relieved of the weight. In the first village we passed through, the Atlacatl Battalion had left its distinctive marks of destruction. A lot more houses were destroyed than the last time I had been through.

The day was dawning as we crossed the green, transparent Sumpul waters, so refreshing to our feet. One of the militiamen carried a radio. A newscast reported the latest health bulletin on the recently-elected Brazilian president Tancredo Neves'

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condition: already five operations, pulmonary edema, and so on. The glaring contrast was too much. Why should your chances for living depend so much on where you are born? I felt bitter.

Freddy had grown noticeably worse. Since he started vomiting again, at two different times I had had to give him injections to stop it. This worried me, because I didn't want to add more toxins to his already overcharged system. The IV lines and the venous catheter clogged often, due to the difficult conditions of the transfer. Over and goddamn over I had to find a new vein. Freddy could hardly talk anymore. Or smile. His stomach was bloated, and he was breathing rapidly and laboriously. It was obvious that time was running out.

Freddy walks out to prepare the corn field, with his machete in hand. The heavy rains will come and he'll plant the corn. By harvest time, he'll already be back with his combat unit, doing his share in carrying the heavy M-60 machine gun. The fruit of his labor will be for the people who made such a tremendous effort to save his life. For him, wherever he goes, there'll always be a compa *who will offer him a bowl of* atol, *made from the sweet tender corn.*

The people's ambulance continued its painful march, now on the shoulders of a fresh new team of militiamen who volunteered in the hamlet where we rested from the midday heat. Among the porters was Freddy's father, as well as the hamlet's volunteer teacher and other villagers.

As we walked, his father related how the boy's mother had been murdered. He told us that Freddy was only thirteen years old and lots of other things that I would have liked to have heard. But between concern for the serum clogging and my weariness, I couldn't pay attention.

The teacher and his partner were a veritable V-8 engine as they carried their burden. Knees bent, back straight, half walking, half running, they were people accustomed to carrying the terrible weight of suffering.

At sundown, we had to climb a bitch of a hill, which took almost an hour of immense effort. Freddy was exhausted. So was I. The teacher took pity on me and carried my pack. Freddy was almost too weak to groan.

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Thirty-five hours after leaving the other side of Chalatenango, we reached our destination. There, with details wrapped in military secret, we would arrange everything for Freddy to leave the Front and receive the necessary medical attention, which we couldn't provide. It was only a matter of waiting two more days, but I doubted now he would be able to hang on.

When we took Freddy out of his hammock, and stood him on his feet, he could no longer hold himself up. His legs were like rubber bands. Shit.

I hung my hammock next to him and slept, but with one eye open for Freddy. Out of my sleep I could hear him talking with his father, "At least I did something to avenge Mama."

By dawn, Freddy's condition had deteriorated notably. The clandestine network was already operating, trying to make the necessary connections. Hurry up! We were on a beautiful mountaintop with sapote, mango, and *matasano* trees shading the coffee fields. The air was fresher than in the valley we had left behind.

The cicadas had already begun their litany when we bathed Freddy in the patio. After the bath, I had to find another vein and bitched with frustration: there just weren't any left that hadn't been mutilated. Maybe the answer would come at midday. We waited.

"I'm going to die today. My stomach's so bloated."

"Are you afraid, Freddy?"

"No."

"Good. You are a brave guerrilla."

As the heat grew, the cicadas varied their tone and kept on ringing. When we put Freddy on the bedpan, his bloated body was as soft as rubber in the hot sun and his breathing had changed rhythm. We knew this development was critical. We readjusted the IV.

We waited.

And waited.

Pains and spasms now invaded his body. We tried in vain to make the boy more comfortable, changing his position time and time again.

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"Stretch my foot. . . . My hand. . . . Hold my hand. . . . My prick itches. . . . Take that tube out! Take it out! Oh! Oh!"

He stared at us for a moment.

"Go away. I want to die alone. Leave me alone."

Why did we stay?

The cicadas continued their indifferent litany.

"Stand me up. . . . Stand me up. . . . *Stand me up!* I want to get up! Paco, you son of a bitch! Stand me up! Stand. .me. .uu. . . ."

The cicadas shifted their tone again, but continued their insistent song.

"It was one of those impossible battles to win."

"Sure. That's how it is."

"What time is it?"

"Ten past four."

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Walking Salvadoran Soil Again: An Epilogue

For Ceci, youthful, talented, aware woman, peasant and lay nurse, killed in an ambush in March, 1987.

The hardships and dangers of the war made lots of people think about abandoning the zones controlled by the FMLN. One day, four or five of us were sitting on the porch of Melida's house, discussing this serious and recurring problem. But the atmosphere was not at all dramatic. On the contrary, we were laughing and making jokes about the situation. Melida, who with the help of her husband and eight children had rebuilt their house after the air raid, had the last word.

"Well, Paco, I believe you're one of those who won't leave. You're going to stay on with us," she said smiling, as she continued grinding corn on the millstone. "And you'll die right here in our land, just like the rest of us," she added with a hearty laugh that struck me as a bit strange.

A few days later, however, a message arrived ordering me to report to my base immediately. I was told that everything was ready for me to leave the Front. So I was going. I could practically taste the pizzas and fried chicken awaiting me. Yet at the same time, I couldn't help feeling angry about leaving my work unfinished, and sad to be parting with so many people I loved. Even so, I realized that after three years, it would be

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crazy to turn down this opportunity to rest, reflect, and see my family and friends again.

"We're grateful for your help, Paco. You know how important international solidarity is to us. We don't care where you come from, or what your background was. You've made a big contribution to our cause," Commander Douglas Santamaría told me in his farewell. And then, with surprising emotion for a man accustomed to the hardships of clandestine life and so many years of war, he added, "Don't forget us, Paco. Talk about us. Wherever you can, tell people who we are and why we struggle."

This wasn't the only time the Salvadorans had expressed their gratitude to me. Every time someone thanked me, I felt an embarrassed confusion, because I was not at all sure who had been helping whom. This book, more than a response to Commander Douglas's words, is an attempt to record everything that this dramatic walk alongside the Salvadoran people has meant to me.

Considering my background, it wasn't at all predictable that one day I would find myself sharing the anguish and adventures of a Central American liberation movement. I was born in the last throes of colonialism, a reality which I experienced directly. My parents were privileged representatives of the purest colonial style, well-to-do citizens from the mother country living in the colony. This was my everyday world. The residential neighborhood where I grew up reflected that reality.

However, just two blocks from my family home was the border with one of the city's vastest shantytowns. I looked upon the people living there with a mixture of suspicion and disdain. They were poor people, poor because they were incapable of taking initiative or of having the discipline necessary to improve their lot in life, or so the spirit of my education and upbringing taught me to believe. I belonged to an elite which felt itself destined to manage and control the future of the world.

Yet, as I grew, I found it difficult to comply with the rigid norms of that ruling society, so self-satisfied and convinced of its own virtue and glory. Rebellion emerges as a vital response

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which doesn't always have a logical explanation. The school I attended was a faithful reflection of my parents' principles and an effective transmitter of their society's values. But it proved to be intolerable for me. When I entered my teens, I finally left it and insisted on enrolling in the nearby public school, where the children of the more fortunate shantytown families studied.

At first, I didn't talk to anyone there, quite simply because I was frightened. Everything was so very different from anything I had ever known before. It was the other students who took the initiative towards friendship and, from that moment on, a whole new world opened up for me. They invited me to their houses and shared what little food they had with me. I got to know them and learned to understand what was motivating them and to appreciate their hopes for the future.

The struggle for independence was in the people's heart. Demonstrations and confrontations with the police were frequent. My new friends talked to me about their commitment to the cause, and they invited me to participate in their political activities. Even though I had never before expressed my rebellion in such terms, my classmates' frankness and generosity put an end to my initial hesitations. That intense personal experience made a big impression on me and, through it, I began to understand some of the reasons behind oppressed peoples' struggles all over the world.

When things in the colony started getting too tense, my father decided to return to the mother country. There, despite mistakes and detours, I never stopped searching. I joined different committees and groups dedicated to changing the unjust and alienated society, so void of any notions of solidarity, which I now lived in. We were constantly obliged to question the effectiveness of our actions, aware that we were up against a strong state that was as capable of total social control as it was prepared to coopt any true opposition. To a certain extent, we had success in our struggle, but it never seemed enough. Radical change was so far off, and my impatience to experience what a real revolution could be like grew stonger and stronger. All this eventually brought me to Central America.

Once in El Salvador, reality dealt me a startling blow.

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Bringing about revolutionary change was more difficult and so much slower than I had imagined. My romantic ideas of finding an enthusiastic collective of people, ever-willing to undertake great enterprises, clashed with the reality of working with specific individuals, with their varied personalities and different levels of political consciousness. I had to learn that a revolution in the making consists of small and very relative successes, of errors and partial failures as well. Nothing was gained effortlessly and there were no magic problem-solving formulas. Instead, the principal tools were constant, painful, arduous work, together with a discipline through which individuals exert themselves for the collective good. I came to understand that the revolution, the real revolution, is made up of lots of little revolutions.

As we worked together, the Salvadorans taught me many things. My collective experiences in Europe had little in common with the incomparably greater effort of living together and sharing in a *guinda*. I had considered myself a flexible and open person. Taking orders from a young, barely-literate peasant woman didn't pose any particular problem to me. That was something I could rationally accept. But when she criticized my impatience or dared to point out my lack of humility, I resisted strongly. Accepting such criticism was a much harder test than sharing housework. I felt tremendous contradictions between my own needs and the collective needs. Learning to submit myself to the group called for changes that proved difficult and disconcerting. That self-denial was a necessity wasn't easy to accept. The process was extremely hard, yet, finally, the very joys and hardships that I experienced, along with everyone else, brought me to work towards the unity in which many contradictions could be resolved.

Sharing the life of the oppressed is not only a rich experience, but a tremendous privilege as well. I learned to save lives in the worst possible conditions, to overcome hunger, thirst, and drowsiness in all kinds of situations. The tenacity and ingenuity we were all forced to develop became a treasure which cannot be destroyed by either the most sophisticated weapons or the comforts of an opulent society.

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Life was intense there. There were precious moments of intimacy with the *compas*, as we huddled together, the rocky soil digging into our flesh, and formed a human wall of resistance against the icy wind that fiercely lashed against us. Today I can clearly recall the stories of peasants or youths from San Salvador about the humiliations they had suffered in the garrisons and the police headquarters, or in the streets. Their hopes for a new dawn for their children are still vivid to me. Under the stars, we shared our loves and frustrations, and our dreams of life after the victory. Experiences of such quality are difficult to repeat. When life is on the line everyday, men and women show what human beings are really made of.

Such living is not easily forgotten. Therefore, it should come as no surprise that, once again, I'm carrying my backpack full of medicine and walking the Salvadoran soil, this time with a greater sense of reality and a stronger dose of hope.

Subjective reasons are not enough to explain my participation and my return to the zones controlled by the FMLN. Without pretending to be a theoretician, I feel impelled to reflect on the why and wherefore of my presence, and that of other internationalists, in a war of such a national and popular character as that in El Salvador.

My answer will of necessity be somewhat personal and intuitive. Many people who have read this manuscript have commented on the importance I give the educational experiences in the war. The war is a school. That's how I see it, and that's how I experienced it, as both teacher and student.

The first time I had to administer anaesthesia to a patient, I didn't even know the correct dose. It was only later with the help of an experienced professional and comrade that I learned how to properly practice the essentials of this skill. After a year's work, I was able to teach the basic elements of this difficult technique to peasants who had only very elementary formal schooling, so that they could then function as anaesthetists in the hospitals and mobile medical units.

The same process occurred in my apprenticeship in internal medicine. I took on responsibilities at the outpatient consultation in the hospital in Tequeque, even though my experi-

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ence in treating malaria, intestinal infections, or malnutrition was then nil. What's more, I knew very little about making a diagnosis. Yet, on many different occasions, I soon had to teach other *compas* what I had learned about these very same subjects.

Constant repetition of these educational experiences gave form and meaning to my presence in the war, not so much on account of their repetition, as due to my progressive understanding that, in this way, my participation was indeed efficient and truly satisfied a fundamental need.

The idea that I had formed of my possible contribution before entering the Front in no way matched the reality I ended up confronting. In my romantic, indeed, paternalistic vision, I imagined myself, deprived of medical facilities, single-handedly saving wounded *compas'* lives, relying on nothing more than my own wits and sacrifice. I never dreamed of meeting experienced doctors like Bernardo, who performed complicated operations assisted by teams of five or more. Nor did I ever imagine that the majority of my patients would be civilians. It never entered my mind that training others would become my most important job of all.

I can't emphasize this last point enough, since it seems to me it is more than just a subjective appreciation. I want to go beyond my own experience and reflect on the reasons that justify and even demand internationalist presence in El Salvador and anywhere else where people struggle for their liberation. Many of us, who come in solidarity from more developed countries, are insufficiently aware of the potential that our education and cultural background can offer, and of how useful such preparation can be in places like El Salvador. In a revolutionary struggle, sharing knowledge, helping to train others, and making up for the absence of educational tools become tasks that fulfill the passion for life and, at the same time, justify international presence.

I am discovering lots of changes on my return, little by little. Before entering the controlled zones, I spent several days in the capital, San Salvador. On March 24, 1987, seven years after the murder of Archbishop Oscar Arnulfo Romero, more than 60,000 workers marched under the banner of the National

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Union of Salvadoran Workers (UNTS). As I watched the demonstration from my hotel room, I realized that the popular movement had indeed grown. Just two years ago, it would have been unimaginable to put so many people in the streets.

Reaching the guerrilla camps had always been a risky venture. In the past, the journey could take up to several weeks. But this time, things were much easier. I walked from the last stop on an urban bus line to our first camp in little more than an hour. More than a mere anecdote, this incident reflects important advances in the guerrilla presence, in parts of the country that are theoretically under governmental control. Furthermore, it demonstrates a substantial improvement in the FMLN's organizational capacity.

On the way to the deep rear guard, I observed how much more extensive our control was over vast areas of Salvadoran countryside. The FMLN is now present in zones where its influence hadn't been felt before. Just walking along these very roads would have been sheer madness the first time I was here. Yet here I was, hiking along in broad daylight, wearing fatigues, and accompanied by *compas* armed with M-16 rifles.

The March 1987 attack on the El Paraíso garrison, resulting in its near complete destruction, was not an isolated action. Nor is the consolidation of a new war front, the Feliciano Ama Western Front, a fact that can be easily overlooked. The FMLN has altered its tactics. Its ability for rapid concentration and dispersion of forces has given the war a new face.

Everything is now organized on a smaller scale in order to permit greater mobility. Hospitals, too, have changed with this tactic. Two years ago, we had big "Guerrilla Hospital Complexes." Today, we operate in small units, distributed throughout the controlled zones. Each station consists of one or two doctors and half a dozen lay nurses.

It's not the novelty of the changes that I want to stress, but rather, their implications in terms of demonstrating the FMLN's capacity to adapt and to wage an effective war effort.

In addition to this, I have observed another relevant phenomenon: the repopulation of abandoned towns. Peasants once forced to leave everything behind, emigrating to refugee

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camps or to shantytowns in the capital, now enthusiastically welcome plans to return to their former homes and fields. Arcatao, Las Flores, Las Vueltas, and Tenancingo are examples of the firm decision of the people to make habitable, once again, the lands where they were born. Thousands have already gone back and are now living in these towns. They proudly regard their homecoming as a victory. They were fully aware of the hardships they would face. They well understood that their return to guerrilla-controlled territories would automatically make them become suspects, without any right to defend themselves. These villagers are still targets of an army that has shown no true sign of understanding the deep-seated drives and motivations of those who love life. In spite of this reality, these former refugees have chosen to live on their native soil. Their decision is noteworthy because it demonstrates a profound political maturity.

I don't want to sound too optimistic, nor indeed, to create false expectations. There is still no glimpse of a short-term solution to the conflict, and even less so, of an easy way to obtain it. But the false image so often offered in the media must be broken. The Salvadoran guerrillas have proven themselves to be much more than a condemned bunch of fanatics in a hopeless stuggle, out of touch with the population.

In the final analysis, my testimony boils down to a real and undeniable experience. What is occurring in El Salvador is a war fought by a people in search of liberation. More than anything else it is a people's war, a revolutionary struggle which has overwhelming popular support. Those who recognize it as such will understand what is happening and will comprehend the reasons behind this conflict, which has sustained itself despite all predictions to the contrary. Those who prefer to conceal the facts and formulate theories, more in keeping with their own desires, will be hard pressed to find explanations for the continuing vitality of this struggle.

When the objective of a struggle is the liberation of the people, it is uncontainable. There will be more difficult moments, setbacks, and even momentary defeats. But history is on the side of the oppressed, and that is a powerful weapon.

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Revolutionary activity in El Salvador has persisted for too many years, against overwhelming odds, for the truly popular and just nature of this struggle not to be recognized.

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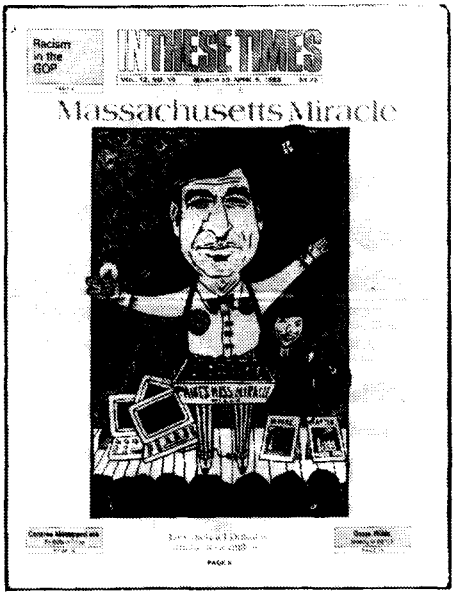

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NEW FROM LATIN AMERICA BUREAU

Ecuador: Fragile Democracy
by David Cubbit and David Corkill

In 1979, Ecuador was the first Latin American country in which the military yielded to civilian rule, yet corruption and repression increased under President Leon Febres Cordero, and recovery from the disastrous 1986 earthquake has been slow. Many of Ecuador's natural resources remain underutilized while overdependence on oil in a period of declining world oil prices has brought widespread hardship. And while the new administration offers progressives some hope, the legacy of strong ties to the U.S. remains, and splits within and between the military and the ruling class potentially threaten the country's long-term stability.
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The Dance of the Millions
Latin America and the Debt Crisis
edited by James Painter

Latin American debt is all too often perceived by the Western media as a problem for the banks: The debt "crisis" will get worse if a Latin American country is unable to maintain its repayment schedule or default to the banks, and this will threaten the world financial system. But the crisis is actually far more acute for the Latin American governments than for the world's banks. Unless new solutions are found, debt repayment will cripple the develoment prospects for all Latin American countries in the next decade. And the burden of the debt will continue to fall on the poor, those least responsible for the debt mountain in the first place.

The Dance of the Millions assesses the impact of the policies adopted by Latin American governments to pay back their debt, and shows how once again it is the poor who have suffered disproportionately. It includes case material and testimonies from both large debtor countries like Mexico and Brazil and smaller countries like Peru and Costa Rica. It also analyzes the internal and external causes of the crisis and looks for possible solutions that will work in favor of Latin America's poor majority.
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(Continued from inside front cover)

tal blunder? (2) Does the more than $5 billion laid out in building and equipping the plant accurately measure the real cost (and waste) of the Shoreham fiasco?

(1) If you believe what capitalists and their ideologists say, you will accept at face value their claim that those who invest in an enterprise stand to profit if it succeeds and to lose if it fails. Your answer to the first question will therefore be that the cost of Shoreham will have to be borne by LILCO's shareholders (i.e., by those who own the company) and, to the extent that the value of what they own falls short, by the company's bondholders and other creditors. Too bad, you may think, but that's the way capitalism works, and those who play the game according to the rules must accept the bad along with the good. You couldn't be more wrong. According to the terms of the Cuomo-LILCO agreement, the company is going to come out smelling like a rose. Its loss will not be $5.3 billion but $2.5 billion, and for tax purposes this will be deductible from future profits, so that in the long run there probably won't be any loss at all. Nor are these all the goodies awarded to LILCO by the agreement. Utility rate increases, already allowed in the amount of $400 million a year, are in effect guaranteed in the future sufficient to achieve the following: the resumption of dividend payments by LILCO to its shareholders as early as next year, a thirteen percent rate of return on the company's investment, and payments by the customers through special charges of $3.64 billion over a period of forty years. In addition the state will allow LILCO to float $100 million of tax-free industrial development bonds which could be used to refinance part of its $3.6 billion debt or to cover capital expenditures. No wonder the price of LILCO's stock jumped nearly fourteen percent in heavy trading the day after the announcement of the agreement. The answer to our first question is thus clear: the Shoreham blunder will be paid for not by capital but by the taxpayers and the utility's customers. So much for the rules of the capitalist game!

(2) But is this the whole story of the costs of Shoreham? No way! As part of the Cuomo-LILCO agreement New York State will acquire the plant for $1. Even at this price it will not be a very good investment. According to *The New York Times* (May 17), "New York State intends to dismantle the Shoreham nuclear power station, but Shoreham will probably still stand well into the next century, experts say, because there is no place to dispose of its radioactive fuel rods and reactor parts." Meanwhile, the thing will have to be guarded and at least maintained as a viable physical structure. And if and when safe ways of disposing of the radioactive remains are ever devised and put in place, no one knows how much it will cost or how long it will take to be finally rid of them. It is thus quite likely that the books on the ultimate cost of Shoreham will not be closed within the lifetime of anyone now alive.

In this respect, Shoreham is only the visible tip of an iceberg that will loom larger and larger in the years and decades ahead. Sooner or later all of the dozens, and on a world scale hundreds, of nuclear power plants now in existence—plus any still to be built—will have to be decommissioned and somehow disposed of as they reach the end of their useful lives. It is a truly awesome problem of which as yet only a very few people are even aware. Some day we hope to be able to return to it with at least a knowledgeable discussion of its possible dimensions and implications.

Erratum: By some strange process which no one here understands, the article by Dave Roediger in last month's issue was attributed to Errol Black on the front cover. (Errol Black was the author of an article on the political situation in Canada in the November 1987 issue.)

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THE POOR

AND THE

POWERLESS

Economic Policy and Change in the Caribbean

by Clive Y. Thomas

Foreign interests have dominated economic development in the Caribbean since the first arrival of Europeans five centuries ago. From the slave era to the present-day exploitation of oil, bauxite, sugar, and bananas by the multinational corporations, the history of the Caribbean people is one of dependency and increasing impoverishment. For the great majority, past and present—slaves, indentured laborers, peasants and workers, the under- and unemployed—the region's subjection to external control has meant systematic hardship and social injustice.

In a major new survey of economic development policies in the Caribbean, Clive Thomas traces the history of colonialism and neocolonialism from the perspective of this majority. It is they who constitute *The Poor and the Powerless*, the thematic center of this study. After a historical overview, Thomas turns to contemporary development strategies in five English-speaking Caribbean countries and evaluates their impact on the poor. Drawing lessons from the cases of Jamaica, Grenada, Guyana, Barbados, and Trinidad, Thomas argues that another form of development—by the poor and for the poor—is not only possible but necessary.

In its coverage of a wide range of historical and political issues, *The Poor and the Powerless* offers a radical appraisal of the Caribbean's past vulnerability to foreign control and its future prospects for genuine independence.

Clive Y. Thomas, a Guyanese economist, is director of the Institute of Development Studies at the University of Guyana. His other works include *The Rise of the Authoritarian State in Peripheral Societies* (1984) and *Dependence and Transformation* (1974). **March.**

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